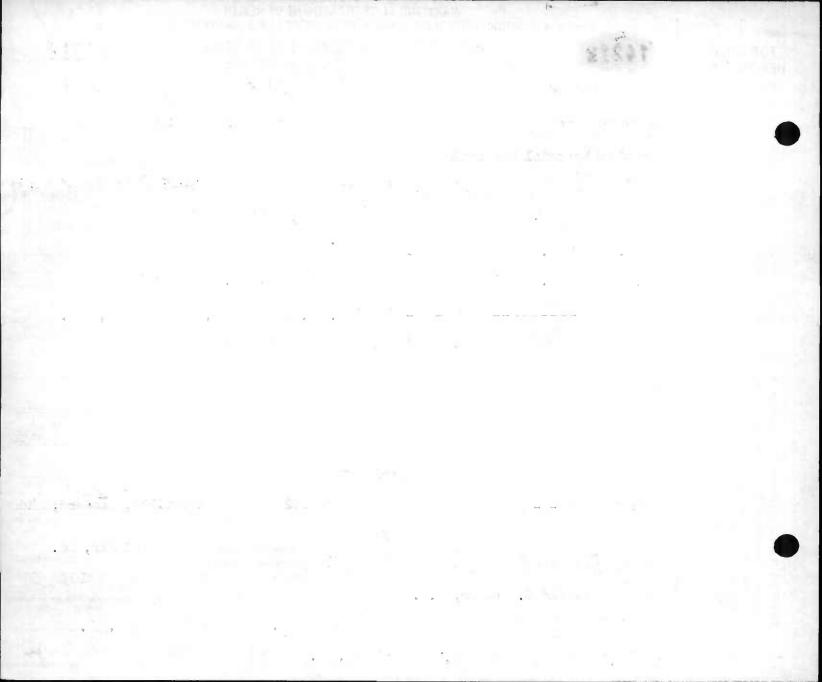
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY delay is Harford MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b autside corparate limits, write RURAL and give neorest town) PM3. write RURAL and give nearest town)
Havre de Grace DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE haurs Give Pages 1, ON A FARM? with farm Harford Memorial Hospital YES NO D 24 hours after death. 3. NAME OF Lost 4. DATE Day Year DECEASED OF DEATH 19 within (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE yeors birthday) Manths Days Hours in Item 18. 19. 1947 WIDOWED DIVORCED Office event gud 11. BIRTHPLACE (Stote or fareign country)
Maryland 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT IDB. KIND OF BUSINESS OR INDUSTRY Rubber during most of working life, even if retired) COUNTRY? pages 10 in any Lab. Assist. comingdale USA the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Lawrence M. Atkins Virginia I. Shinault pub IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give wor ar dotes af service ar remaval. 212-50-4640Mrs. V. Shinault. Conowingo 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) burial, crematian, DUE TO Canditians, if any, which gave (b) rise ta immediate couse (a), DUF TO stoting the underlying cause D WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO its designated agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 3 shauld **EXAMINER:** CAUSE OF DEATH. Auto Accident (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (State) (City ar town) factory, street, affice bldg., etc.)
Route 222 Hour, a.m. Nat While may be retained far yaur FUNERAL DIRECTOR: Page 70-8-669 Page 3:30 30% at wark ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my apinian the funeral directar. Accident X. Suicide . death resulted fram: Undetermined manner Natural causes Hamicide Bel Air, Md. 22. DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Health ar i 10/8/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Gerald C. Palmer, M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) 0 Harmony Chapel Cem. Liberty Grove Md 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15ME (5) DATE OCT & Son, Perrvville, Md. 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

211/1	SION OF			LAND STATE D							
DIVI	SION OF	STATISTICAL I	RESEAR	CERTIFICA	DS, 30 TF C			r, baltimor	E 1, MAR	YLAN	D
4.3	219			CENTIFICA						421	3
 PLACE a. COUN 					2,			deceased lived, If i	TV		fore admission)
	Harf			MARYLAN	ID	. STATE Mary	land	b, COUN	" Harfo	ord	
b. CITY	OR TOWN (if	outside corporata limit	s,	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN	(If outside o	orporete limits, write	RURAL end g	Ive neere	st town)
Be	el Air			40 years		Bel	Air		-	20	1
				spital, give street eddress)		d. STREET ADDRES	55			0.	IS RESIDENCE
	-	th Main Str	eet			400	South 1	Main Street	et	YE	ON A FARM?
3. NAME DECEA	OF	First		Middle		Last	4. DATI	E Month		Dey	Yeer
(Type or	r print)	Hatt		Viola Baile	еу		DEAT	TH Octobe	er :	15,	19 66
5. SEX		6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. D/	ATE OF SIRTH		9. AGE (In years			NDER 24 HRS.
Fems	ale	White	WIDOWE	THE RESERVE TO SECURITION ASSESSMENT OF THE PARTY OF THE	Jul	y 24, 189	1	75 yrs.	Months Da	уз Но	urs Min.
10e. USUA	L OCCUPATION	ON (Give kind of work	10b. K	CIND OF BUSINESS OR INDU					12. CITIZE	N OF WI	HAT COUNTRY?
	ousewif			memaker		Harford C	o. Ma:	ryland	U.	S.A.	
13. FATHER	11.00		-			. MOTHER'S MAIDE					
	Joh	m Ellswort	h Pre	ston	10	N	K¥ 1	Mary Mark	land		
	ECEASED EVE	R IN U.S. ARMED FOR	CES? 16.		17. INF			6326 Address		est D	mive
(Yes, no, or		yas give werordates of se				om Bailey		Bel Air.			
-		ATH [Enter only one		line for (a), (b), end (c).]		Old Donated		207 1122	2200		AL BETWEEN
	ART I. DEATH	WAS CAUSED 8Y:		arcinoma of	f pj	cht hre	act		- 1 14	ONSET /	AND DEATH
	1700	MMEDIATE CAUSE (e)_		II CIHOME OI		gilo bi ce	ns v				cal
Condit	/ / /	DUE TO									
	ions, if any, isa to immedie	te ceuse									
	eting the un	derlying DUE TO									
ce use I) (c)_	- CO1	TO DEATH OF			The state of the s				
PA	R) II. OTHER			NTRIBUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	MINAL DISEAS	SE CONDITION GIVE	EN IN PART 1(PERFORMED?
3				agitans						YES	NO 🔀
OP. COI	NTRIBUTING [S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	SCRISE HOW INJURY OCCU	URRED. (E	Enter nature of injury	in Pert I or P	ert II of item 18.)			
9	IME OF INJUR Hour a.m. p.m.	Month, Dey, Yea	While	BNot Whila		OF INJURY (Homa, fa street, office bldg., e	etc.)	City or town)	(County	')	(State)
	21. I certify that (I) (this hospital) attended the deceased from July 28, 1966, to Oct. 15, 1966, that (I) (we) last saw the deceased alive on Oct. 12, and that death occurred at 40.00, from the causes and on the date stated above.										
	GIGNATURE	TRAST	E	3 withit	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b. DATE 1966 IGNED

PHYSICIAN'S NAME (Type)

22d. ADDRESS

Forest Hill, Maryland

21014

Robert A. Barthel, M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) Oct. 18.196 Oct.18,1966

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Bel Air.Memerial Gardens Bel Air, Harf. Co., Md.

24 FUNERAL DIRECTOR'S SIGNATURE

W. Broadways & Williams St. Bel Air, Maryland 21014

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1421	St	MEDICAL EXAMIN	NER'S CE	RTIFICATE	OF DEAT	Н	1.	1914	
1. PLACE OF DEATH o. COUNTY Har	rford	MAR	YLAND 2	o. STATE Mar	(Where deceose Yland	d lived, if institu b. COU	MITM	e before odmi	ssion)
write RURAL on Havre	If outside corporate limits, d give neorest tawn) de Grace	c. LENGTH OF STAY	IN 1b c	CITY OR TOWN (IF Edgrewood		e limits, write RL	JRAL and give	nearest tawn)
		h hospital, give street address)		street address 2019 Rock	well St	reet		e. IS R ON / YES	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First WTLL.	Middle EARL	B	Lost LEVINS. J	4. DATE OF DEATH	Mon		Doy 14	Year 9 66
s. sex Male	6. COLOR OR RACE 7	MARRIED NEVER MARRIED WIDOWED DIVORCE	B. [DATE OF BIRTH	9.	AGE (In years lost birthdoy) O yrs.		YEAR IF UN Doys Hou	DER 24 HRS. rs Min.
during most of working none	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			land	ntry)	CÕÑ	ZEN OF WHAT INTRY? SA	
	Liam Earl Ble			Nizma Shi			-		
1S. WAS DECEASED EVE (Yes, no, or unknown) 20	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	16. SOCIAL SECURITY NO.	17. INFO	Nizma Sh	irley A		ess Edgerins, 2		
Conditions, if any rise to immediat stating the underlast.	e couse (o),	menmo	na.					ONSET AN	
PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE (CONDITION GIVEN	IN PART 1(o)	-	19. WAS A PERFO	UTOPSY RMED? NO
200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OF	CCURRED. (Ent	er noture of injury i	in Port 1 or Port	II of item 18.)			
20c. TIME OF INJU-	10	20d. INJURY OCCURRED While Not While ot work		F INJURY (Home, fo street, affice bldg., e		(City or town)	(Cour	nty)	(Stote)
		of the remains described at tauses (**) Accident (**) Palmer		CHIEF MEDIC		determined m	uiry (1), nanner (1) 7 in	and in m	y opinion
	erald C. Pal			Address (Str	ICAL EXAMINER eet, city, town, o		10-	15.	66
230. BURIAL, CREMATIC REMOVAL (Specify Burial 24. FUNERAL DIRECTO	Oct.17,1	966 Bel Air 1	Temori:	1] Garden 250. RE	Bel CD BY REGISTRA	ATION (City or To	Harf EGISTRAR'S SIG	NATURE	(Stote)
Howard K	. McComas &	Son, Abingdon,	Md 2:	LOOP DATE	UUI 17	1956	ycuan	Ces Ju	ye

3 4 4

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where dacaased lived, If institution: Residence before edmission) e. COUNTY HARFORD b. COUNTY by the and 2 death. HARFORD MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURA and give naarast town) Pages 1 urs after = 21014 21014 filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RD Box 4 completely YES NO NO paper in 72 l 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED (Typa or print) GEORGE BOTTS UCTOBER THOMAS DEATH 19 66 carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months WIDOWED W DIVORCED UGUST physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.SA KEFRIGERATION 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending and Li WONES Then levor, requires that the WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewarordatasofsarvica) DOOLEY permit. ۵ 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY peudis CORONARY INSUFFICIENCY cremation IMMEDIATE CAUSE (a)_ INSTANT burial-transit ARTERIO SOLEROTIC CARDIO VASGULAR DISEASE Conditions, if any, which gava risa to Immadiata causa DUE TO (a), stating the undarlying cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as 0 CERTIFICATION PERFORMED? nse prior NO Y for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of itam 1B.) Health OR CONTRIBUTING | CAUSE OF DEATH After th (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ŏ factory, streat, offica bldg., atc.) should be de State D Whila Not While Hour at work at work 196.6. and that death occurred 5456.M. from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATURE A TTENDING. death. Page 4 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. P & B REMOVAL (Spacify) HANTONG Co. MANJADO Dublin Oct. 23 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Co. Broad ADDRESS VR A15 (4) 1966 20M 5-63 · JOSEPH William

715 416 3 3.43 BAIX 8#08 24 W GEORGE THOMAS COURS SUN OUTCOMES MALE WHITE CONTRACTORS TO THE REFRIGERATION OF STARS PROJECT HARRED PRODUCTION OF SA ISHAC THOMAS BOTTS IN FLORE LE GOVEN THE FLOOR SHARY DOLLEY (SEERL) SHIEL THAT IT YOUR DESIGNATION OF THE PERSON OF TH ANTERIO SOLETA PO CHENO VALGERE DITARE DI MARIE DI PER \$40 x 5753 THERE IS THE COMMING TO DESCRIPT SELTING TOX SELTE January Managard Market In the Company of the Compa A STATE OF BOOK A TOLL OF PARTY AND A STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14216 CERTIFICATE OF DEATH death, executed within 24 hours after deoth funeral s 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ician ond completely filled in by the fur lease remove corbon papers. Pages I ond in any event, within 72 hours ofter **MARYLAND** b. CITY OR TOWN (If outside corporate limits c. LENGTH OF-STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 106 YES NO 3. NAME OF First Middle 4. DATE Month Dov Year Lost DECEASED Rea 196 (Type or print) DEATH S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** AGE (In years last birthdoy) Months Dovs Hours EC, 29, 1890 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The low requires that the death certificate be pleose during most of working life, even if retired) INDUSTRY COUNTRY physician HARMER HITEFORD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI burial, cremation, or removal, Then ENNINGTON offending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no to inknown) (If yes give wor or dotes of service) permit INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 'O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse ve aetached for use os the Stote Dept. of Health prior to has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [NO TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office blda_etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram sage 3 should to filed with the S and that death accurred at 11.30M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) ABERNACLE てきしゅうコア 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 66

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.1919

	v C		`						-	
1. PLACE DF DEAT a. COUNTY	тн				2. USUAL RESIDEN	CE (Where der			idence be	fore admission)
4.000,111	Harford		MAR	YLAND	a. STATE	ryland	b. COUN		ent	V
b. CITY OR TOV write RURAL	VN (if outside corpora L and give nearest tow	te limits,	c. LENGTH OF STA		c. CITY OR TOWN (If					nearest town)
	Proving Gr		-		Betterton				14	.2
	SPITAL OR INSTITUTION		ospital, give street	address)	d. STREET ADDRESS					S RESIDENCE
	y Hospital				None				YES	
3. NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Monti	1	Day	Year
(Type or print)	G	EORGE		CUR	LETT. JR.	DEATH	Oc.	t.	3	1966
5. SEX	6. COLOR OR RACE	7. MARRIED	XX NEVER MARRI	ED T	B. DATE OF BIRTH	9.	AGE (In years)	1E LINDER 1		UNDER 24 HRS
Male	White	WIDDWED	DIVORCE	ED 🗍	2 Jan 1919		last birthday) 47 yrs.	Months D	ays H	lours Min.
10a. USUAL OCCUPA	TIDN (Give kind of work king life, even if retire	done 10b. K	IND OF BUSINESS D	R	1 11 BIRTHPLACE (C					WHAT
Fire Figh	ting life, even if retire	(D)	CPT. OF	ARMY	Oussen Ann	ole M	a		NTRY?	
13. FATHER'S NAM		1 1207	GII. OF	AUMI	Queen Ann	DEN NAME	u.		USA	
a a										
	irlett, Sr.	DCEC2 16	SDCIAL SECURITY N	0 1 17	Martha Wi	lliams	Addres			
(Yes, no, or unkown)	(If yes give war or dates o	f service)		0. 17.	INFURMANI		Addres	55		
Yes	1945 & 19	46 21	8-12-7550		Wife					
	DEATH [Enter only on		ine for (a), (b), and ((c).]					INTERV	AL BETWEEN AND DEATH
PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	Acut	e Myocard	ial T	nfarction					diate
420	DUE DUE				224 04 0 4 2 0 2 2					u u u
Conditions, If										
gave rise to	Immediate ((b)								
cause (a), s										
underlying cau		(c)	TIMO TO DESTINOUS	NOT DEL 4	TED TO THE TEDAL NAME	DIOFACE CON	DITION OF THE	DADT 1(=)	110 11/	AS AUTOPSY
PART II. BIREK	SIGNIFICANT CUNDITIE	DIN S CONTRIBE	TING ID DEATH BUT	NUI RELA	TED TO THE TERMINAL I	DISEASE CON	DITIUN GIVEN IN	PART I(a)	PE	RFORMED?
2Da. ACCIDENT	WAS LINDERLYING CT	20b, I	TESCRIBE HOW INII	IDV OCCI	RRED. (Entermature of	f Inlury In Pa	ort I or Part II o	f Itam 18 \	YES [X NO
	WAS UNDERLYING ING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)	PEOORIDE NOW MIX	3K1 0000	RRED. (Enter-statore of	i injury in re	att to trait if o	1 Item 10./		
	INJURY Month, Day,	Year 2Dd. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa	arm, 20f.	(City or town)	(Count	ty)	(State)
Hour a.		While	Not While	facto	ry, street, office bldg., e	etc.)				
	m. 19	at work		f 3	October 1	0.66	3 Octob	erio 66	ILAL	//\ /36\\ look
					death occurred at					
22a. SIGNATU				and that	GCGCII BOOGII CG GC	22201, 110	in the odoco	22b. DAT		
	Vol. 2	Lut	CALI	UC M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4	Det	1.6
22c. PHYSICIA		33 1140		m.b	22d. ADDRESS					
NAME (T	JOHN L.	BUTSCH	, CPT., MC		Kirk Army	Hospi	tal, APG	, Md.		
23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or coun	ty)	(State)
REMOVAL (Sp Buria	ecify) 10-6-	-66	Still P	ond	Cemty	St	ill Pon	d n	(d)	
24. FUNERAL DIRI		1	ADDRESS	CITCL	25a. RE	C'D BY REGIS		GISTRAR'S	SIGNATI	JRE
Wirter"	n. Tenn	edel	Still P	ond .	Md . DATE O	TE	1966 0	21. 1	0	665
- will	, . , , , , , , , , , , , , , ,	1	and the second second	,	DATE	110	IJDD V	Charl	an Va	11 100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannot carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

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Victor M. Tunnedy 3 5

1 5	18219			CERTIF	ICAIL	OF DEATH		1421	R
	PLACE OF DEATH	,				2. USUAL RESIDENCE (WH	ere deceased lived, if instit		before admission)
	a. COUNTY	RFORd		MARY	/LAND	a. STATE Med	b. CO	JUNTY / + AM	eford
	b. CITY OR TOWN (If of write RURAL and	outside corparate limits,	C.	LENGTH OF STAY I		c. CITY OR TOWN (If outsi	ide carparate limits, write R	URAL and give n	secrest town)
14	AURE N	ORAC .	e	/dA	45		lee N		12-1
1	d. NAME OF HOSPITAL	OR INSTITUTION (If not	in hospital, give :	street address)	41	d. STREET ADDRESS	10	. /	e. IS RESIDENCE ON A FARM?
1	TARFOR	& Men	DRIAL	HOSPIT	AL	14 Ch		reen	YES NO X
	NAME OF DECEASED (Type or print)	levevices		Middle		DALY	OF DEATH OCT	ober	16 19 6 6
S.	SEX	. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In yedrs dost birthdoy)	Months D	/EAR IF UNDER 24 HRS.
-	X -	w	WIDOWED K	DIVORCED		Feb. 17,18	0) 03 Yrs.		
	USUAL OCCUPATION (Ging most of working life	Give kind of work done	10b. KIND C	OF BUSINESS OR IRY		11. BIRTHPLACE (County &		COUN	EN OF WHAT
	Housew			lome			and, New Y	ork (J.S.A.
13.	FATHER'S NAME	01	O 2 4-3-			14. MOTHER'S MAIDEN NA			
16	WAS DECEASED DIED	Charles		AL SECURITY NO	1 17 1/		ret Keirns		
(Ye	s, no ar unknown) (If	N U.S. ARMED FORCES? yes give war ar dates af	service)	AL SECURITY NO.		NFORMANT		dress	- 7
					ve	ronica Moo	re, Abero	leen, N	INTERVAL BETWEEN
	PART 1. DEATH 331X	'M (Enter only one caus WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1	o) Ce	releva	l.	hemon	chage		ONSET AND DEATH
	Conditions, if any, w		b) My	with	ulve	Misenta	Milone		STKn
	stating the underly		ro v						
	last.		()						The state surrence
ATION	PART II. OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DE	EATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS U OR CONTRIBUTING ☐ (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIE	SE HOW INJURY OF	CCURRED. (Enter nature of injury in Po	rt I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Doy, Year 19	20d. INJUR While at wark	Y OCCURRED Not While		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(Count	ty) (Stote)
		that (I) (this hasp eased alive an		the deceased	fram_C and that	death accurred at	bl, ta Oct M, fram cause	16, 1960 s and an the	that (I) (we) last date stated above.
	22a. SIGNATURE	J. Pli	whith	d	M.D	D. PHYS.	ED. STAFF PHYS.	22b. DATE	E SIGNED
	22c. PHYSICIAN'S NAME (Type)	B.J. Plu	unkett	Jr. M	.D.	22d. ADDRESS Aberdee:	n, Maryl	.amtl	
230	BURIAL, CREMATION,	23b. DATE THER	REOF 2	3c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCATION (City or	Town) (C	aunty) (State)
	REMOVAL (Specify) Removal	10-17-	-66 I	ong Is	land	National	Farmingd		I. N.Y.
24	. FUNERAL DIRECTOR	4	Tarr	ing REST u	nera	1 Homeso. REC'D	BY REGISTRAR 25b.	REGISTRAR'S SIGI	NATURE
1	no tim Q	· Janone	Ab	erdeen	. Md	. DATE	CT 18 1966	of creary	way jungle

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH funeral 1 and 2 er deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Marvland Harford Harford physician ond completely filled in by the fur en pleyse Temove corbon papers. Pages I oval, dad may y event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Rural - Darlington 20 vears Rural-Darlington d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Paddrick Road Paddrick Road YES NO X 3. NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED 0F October HARVEY 1966 CARTER 30. DAWSON DEATH (Type or print) YEAR IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Haurs Male White Dec. 10.1907 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY Street. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending phys Sara Jane Carter Grant Dawson 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 218-10-8844 Mrs. Helen Dawson. Darlington, Md. burial, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave (b) rise ta immediate cause (o), DUE TO stoting the underlying couse os the hos been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Heolth CERTIFICATION NO certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) af OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Haur o.m. Nat While factory, street, affice bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 20 1966 30. 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram . to (oge 3 should tiled with the S saw the deceased alive an. 1966 and that death accurred at 10p M. from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Oct. 31, 1966 3 M.D. DIRECTOR PHYS. director, poge should be filed 226 PHYSICHAN'S 22d. ADDRESS NAME (Type) Josiah A. Hunt M.D Delta. Penna. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Ascension Street . Harford Md. Nov. 1966 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Delta, Penna. DATENOV

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Page 4 may be retained by the hospital or ottending physicion.

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r death	funeral 1 and rer dear			LACE OF DEATH COUNTY HACE	2. USUAL RESIDENCE (Where deceased lived, if institution: Read a. STATE b. COUNTY	idence before admission)
urs afte	by the f Pages naurs afte		L	CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and 5 days Have de Grace	give nearest town)
24 hat	filled in b papers. thin 72 ha	106	11	NAME OF HOSPITAL OR INSTITUTION (If not in I		e. IS RESIDENCE ON A FARM? YES NO
within	etely fill arban p it, withi	4	3. 1	IAME OF ECEASED (ype or print)	Maison Day Death October	Day Year 3 1966
that the death certificate be executed within 24 haurs after death	cian and campletely filled in by the fui ease remove carban papers. Pages 1 and in any event, within 72 haurs after			EX 6. COLOR OR RACE 7.1		DER I YEAR IF UNDER 24 HRS. hs Days Haurs Min.
te be e	rsician and please rem I, and in an		10a. duri	USUM OCCUPATION Give kind af work dane lands of warking life, even if retired the control of the	10b. KIND OF BUSINESS OR N. BIRTHPLACE (County & State, or foreign quantry) INDUSTRY USL (County & State, or foreign quantry)	2. CITIZEN OF WHAT
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death	ar	9	(Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES! , na, ar unknawn) (If yes give war ar doves af serv	vice) 16. SOCIAL SECURITY NO. 17. INFORMANT M. Day - Land	a la Mid
hat the	⊕ +			18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The To Was no se	INTERVAL BETWEEN ONSET AND DEATH
quires t	pnysician. signed by th burial-transit burial, crema			Canditians, if any, which gave rise ta immediate cause (a),	Corman artempolesis and several	
law rec	as been s as the b priar tab			stating the <u>underlying cause</u> but 10 last. (c)	Paeroin Coronny Infaction	Lio Was Allyzopski
N: The	rificate has d far use a of Health pr	0	CERTIFICATION		IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
YSICIA	of The Party of Th			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town)	(Carda)
ING PH	by the nas fter this ce be detache State Dept.		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While at wark factory, street, affice bldg., etc.)	(Caunty) (State)
TTEND	e d b e			21. I certify that (I) (this hospital sow the deceased olive an 22a. SIGNATURE	OCT 3 1966 and that death occurred at 1148M, from causes ond a	19 Othat (I) (we) last on the date stated obove b. DATE SIGNED
IL OR A	AL DIREC page 3 s pige 3 s e filed wi			22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS.	A SAIL SOILE
TO HOSPITAL	d b	1	23a.	NAME (Type) Dudley CURIAL REMATION, 23b. DATE, THEREOF	23C NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Lown)	(State)
02	AN 1/80 AN 1/80 Shaul	8	24.	PUNERAL DIRECTOR	6 Afarfred Mem; Janes alleune ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRA	
	20 M 1/66	1	4	erregens on	Jane de War Mar DATE OCT 10 1996 John	arles Judge

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CERTIFICATE OF DEATH

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		PLACE OF DEATH o. COUNTY	Harford			RYLAND		ryland	b. COUNTY	Harfor	d
		b. CITY OR TOWN (If outside corporate limits d give nearest town)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside corparate limit	s, write RURAL o	ond give nearest	town)
			llston		12yrs.		Fallston,	Marylan	d (Rual) /	2-1
			AL OR INSTITUTION (If no		ive street oddress)		d. STREET ADDRESS				ON A FARM?
0		Fal	lston Maryl	and			Fallstor	, Maryla	nd 2104	.7 Y	ES NO
		NAME OF	Fir	st	Middle		Lost	4. DATE	Month	Doy	Year
		DECEASED (Type or print)	Ma	rv	Mildr		Dilworth	OF DEATH	10	28	19 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲 8	. DATE OF BIRTH	9. AGE		UNDER 1 YEAR onths Days	Hours Min.
	H	emale	White	WIDOWED	DIVORCI	ED 🔲	9-3-1919		4 lyrs.		
	10o	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	W.	11. BIRTHPLACE (County	& Stote, or foreign co	untry)	12. CITIZEN OF COUNTRY?	WHAT
	นบา	Reg. Nu		TINE	Hospit	tal	Baltimore	, Maryla	nd		U.S.A.
	13.	FATHER'S NAME				TICH	14. MOTHER'S MAIDEN N	IAME			
			William	P. Byrr	ne			Mary C	hallmes		
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	f carriers 16. S	OCIAL SECURITY NO.	17. 1	NFORMANT		Address		
	(10	NO SIKILOWITY	(11 Jes diva woi oi doies o	2]	3-03-9438	Mr.	David Dily	orth Fal	lston.	Marylan	d 210/17
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY:											RVAL BETWEEN ET AND DEATH
	1420 IMMEDIATE CAUSE (o) DUE TO LANGE TO A PART OF THE PART OF T										
		Conditions, if ony		10 /11	eller	1000	motile Co	91		34 D.S.	
		rise to immediat	e couse (o),	(b) <u>(b)</u>	1	1	2000	- Wall	7		
storting the underlying couse last. DUE TO (c) Turnulus									41		
	ATION	PART II. OTHER S	GNIFICANT CONDITIONS C	ontributinģ t	O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN P	ART 1(o)		WAS AUTOPSY PERFORMED? S NO
	L CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY (OCCURRED. (Enter noture of injury in I	Port I or Port II of	tem 18.)		
	MEDICAL	20c. TIME OF INJ Hour o.	. 10	20d. IN While of work	JURY OCCURRED Not While of work		E OF INJURY (Home, form pry, street, office bldg., etc.)		or lown)	(County)	(Stote)
		sow the d	fy that (1) (this has eceased olive on_	pital) attend	led the deceased	fram ond that	death occurred at	9.5.5., to C 2.30/M, from	n couses onc	d on the date	
	100	220/ SIGNATURE	Oed WY	Mar	tru	M.C		MED. DIRECTOR	STAFF C	22b. DATE SIGNI	1866
		22: PHYSICIAN'S NAME (Type		W.M	INTER		32d. ADDRESS	4	を長り	心是一	3kt/014
	230	REMOVAL (Specify			23c. NAME OF CEA St. John		meterv	Long 9	(City or Town)	(County) Harfo	
-	24	FUNERAL DIRECTO)R		ADDRESS		3/ 2So. RECT	BY REGISTRAR		RAR'S SIGNATUR	
()	~	0	. 4	111			D NATE B	G 1 3 1 18	366 20	liantes	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death erith ate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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P.M.3. Page pages Land 2 with the State Department of in pencil in Item 18. Give Pages 1, 2, and 3 to cay event within 72 haurs after the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm 10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, ar remaval, and "pending" necessary, please execute the certificate, writing the ward 5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14223	MEDICAL EXAMINER'S	CERTIFICATE OF DI	ATH 1	4222
	E OF DEATH,		2. USUAL RESIDENCE (Where d	eceosed lived, if institution: Res b. COUNTY	sidence before odmission)
1 517	777750-4	MARYLAND	N. 1.		V
	TY OR TOWN (If outside corporate limits, rite RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	4	give nearest town)
H		E D.O.A	G-135000	0 N.J.	67-3
T) C	ME OF HOSPITAL OR INSTITUTION (If not in	Homorial Hespetal	d. STREET ADDRESS 39 N. M.J.	N 87	e. IS RESIDENCE ON A FARM? YES NO
		Joseph Dro	Lost 4. DA		Day Year 19 66
S. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED E	B. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	
		WIDOWED DIVORCED	ing 21-1944	22 yrs.	
1Do. USU during m	AL*OCCUPATION (Give kind of work done ost of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	MASS.	gn country) 12	COUNTRY?
13. FATI	HER'S NAME		14. MOTHER'S MAIDEN NAME	40	
WA	HLTER J. DROLL			VICHOLAS	
(Yes, no,	S DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes give wor or dotes of so	16. SOCIAL SECURITY NO. 17. I	NFORMANT S. FIUMA J. DRU	LET GLASSA	BORD NJ
	CAUSE OF DEATH (Enter only one couse		S/I I	,,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	FWISH	>Kull		ONSET AND DEATH
	DUE TO				
	ditions, if any, which gove) (b)				
	to immediate couse (a), DUE TO				
lost.		696			
PAR	T II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
2Do	EXTERNAL CAUSE WAS MARY or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	r Port II of item 18.)	
E CAU	ISE OF DEATH.	Auto Accel	dent		
	TIME OF INJURY Month, Doy, Year Hour a.m.	100 th New Mark Miles	ory, street, office bldg., etc.)	Of. (City or town)	(Stote)
1	70 10 10	of the remains described above, hel		ection . Inquiry	and in my apinian
1 1	death resulted fram: Natural o			Undetermined manner	The distriction of the state of
	WAL LEVEL C	Palmer	CHIEF MEDICAL EXAMIN	ER DBe/Air	22. DATE SIGNED
EXA	MINER'S Gerald	e Palmer-	DEPUTY MEDICAL EXAM Address (Street, city, to	INER 💢	5-8-66
230. BUI	RIAL (REMATION, 23b. DATE THERE OF 11, 19	166 ST. BRIDGETS	G.	LASS BORD	(County) (Stote)
P FUN	NERAL DIRECTOR WAD IS ON MITCH	. MADDRESS	RID RIS DATE OCT	GISTRAR 2Sb. REGISTRAR	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH

1.	PLACE OF DEATH	1					2. USUAL RESIDEN	ICE (Where deceas	ed lived, If instit	ution: Resi	dence before	admission)
	a. COUNTY	Harfor	-		MARY	LAND		yland	b. COUNTY	Ha	rford	
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tov	te limits,	c. LENG	TH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpor	ate limits, write	RURAL an	d give near	est town)
							Je	ppa			12-1	
	d. NAME OF HOS	Joppa SPITAL OR INSTITUTION	ON (if not In I	hospital, gi	ve street a	ddress)	d. STREET ADDRESS	3				SIOENCE FARM?
		3 Clayton		R. F	. B.	3	3613 Clay	rton Road		. 3	YES 🔀	NO 🗌
3.	NAME OF DECEASED (Type or print)	Phil	irst in	W.C.	Middle	-	Last Edwards	4. DATE OF DEATH	Month Octob	er 1h		ear 66
5.	SEX	6. COLOR OR RACE		NEVE			8. DATE OF BIRTH	19. A	CE /In. voore LIE	LINGED 1 V		
N	lale	White	WIOOWED		DIVORCE		Feb. 23, 18	378 88	st birthday) M	onths O	ays Hour	Min.
10a dur	. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b.	KINO OF BUINDUSTRY	JSINESS OR		11. BIRTHPLACE (foreign country)	12. CITI COU	ZEN OF WHA	AT
5	School Pr	incipal		Educat	ion		Maryland			U	. S. A	
13.	FATHER'S NAM	E					14. MOTHER'S MAI	IDEN NAME				
	John	Edwards					Anne Ric	chards				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16	. SOCIAL SE	CURITYNO	. 17.	INFORMANT		Address			
(11	No.	(If yes give war or dates		216-28	3-3453	Mr	s. Margare	t A. Edwa	rds J	орра		
		DEATH [Enter only on		line for (a)	, (b), and (c	:).]					ONSET AND	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) # (mi	blee,	ia					OHOE: AITO	OLITI
	357 Y	DUE		1	1							
	Conditions, If		(b)									
	gave rise to											
U	cause (a), st underlying caus	raring rue										
NO			(c) ONS CONTRIB	BUTING TO D	EATH BUT N	NOTREL	ATEO TO THE TERMINAL	DISEASE CONOIT	ION GIVEN IN PA	RT 1(a)		UTOPSY
FICATI											YES T	NO NO
CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DOWN THE CAUSE OF DEATHER MEDICAL EXAMI	TH	OESCRIBE	HOW INJU	RY OCCI	JRRED. (Enter nature	of Injury In Part	or Part II of	Item 18.)		
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,		INJURY OC		20e. PLA	CE OF INJURY (Home, ory, street, office bldg.,	farm, 20f. (Cit	y or town)	(Count	(y)	(State)
MED	p.i		at wo	rk Not V	While vork							
	21. I certif	v that (I) (this hos	pital) atten	ded the d	eceased f	rom	1-1		0-14	1966	_, that (I)-	(ma) last
		ceased alive on	10-		966	nd tha	t death occurred at.	57 M. from	the causes ar	nd on the	date state	d above.
	22a. SIGNATU		2								E SIGNEO	11
	Henn	11165	ulme	1		M.I	ATTENOING PHYS.	MEO. DIRECTOR	STAFF PHYS.	10-	15.	66
	22c. PHYSICIA			, ,	1		22d. AOORESS	17 0	1 -	mel		
	NAME (T	(pe) GCTI	(0)	1 4	Ine	7	40	Del	+vv /	191.		
238	REMOVAL (Spe	ATION, 23b. OATE					Y OR CREMATORY		TION (City, tow		ty) (State)
- 04	Burial	10/17	/66		ooress	idge	Cemetery	Pike:	sville,		SIGNATURE	
24	2 / OIRE	TOR I	. 1	0	OUKESS	0		CO O DT KEGISII				
1	Van .	Tuckner	st of on	s me	- 117	on	coes. DATE	UCI 18	1966	Chan	la Que	100

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

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FOR STATE HEALTH DEP

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14224

HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed lived, If Institution: Residence bafore edmission)
는 영소	COUNTY Harford MARYLAND	Maryland b. COUNTY Harford
r. Pag files. Healt	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
odr of of	write RURAL and give naarest town)	Fallston (2.1
is directly or y	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straal eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2 0 0 - 10 kg	Harford Memorial Hospital	Rural YES NO
fur fain Stat Stat	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
the of the	(Type or print) DANA H.	FLEMING DEATH 10 24 19 66
aft aft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ma may 2 w	Male White WIDOWED DIVORCED	July 23-1908 58 yrs. Months Deys Hours Min.
afte 2.2	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pag Pag	Egupment Operator Bedg	Mapur W. Va. W.S.
A ho	18 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
n Ple	Cerry Flemma	Dora Lochard Fallston Men
form form	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 100 SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If as give wer or dates of service)	INFORMANT Address Us Eurice Flering - Fallston Md
ad w		no Eunice Aleming - talksion mo
in B	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	
execil ii	PART I. DEATH WAS CAUSED BY: Multiple Traumatic	Injuries
d be	9122 DUE TO	
ould During Nov	Conditions, il any, which (b)	
ing's ssa	geve rise to immediate cause (e), steting the undarlying DUE TO	
ficat mine ed a	cause lest. (c)	
d "p d "p d "p e us stion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
vor cal d b	<u> </u>	YES X NO I
Aedi houl	T BELLAND E CONTRIBUTING TI	(Ender neture of injury in Part I or Pert II of Item 18.) backwards on him. Fourwheel drive loader, vehicle fell over
NE ng t		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
Chi Chi to b	While Not While fac	tory, street, office bldg., etc.)
the the	p.m	avel pit Joppa Harford Md.
Tig to day	21. I certify that I took charge of the remains described above, h	
C de	death resulted from: Natural causes . Accident X. Suid	
War dag	ACTUAL MACTURE	CHIEF MEDICAL EXAMINER
A La	SIGNATURE OF CHARLES	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
execution of the first of the f	examiner's Rudiger Breitenecker	Address (Street, city, town, or county) 10/25/66
DEPUTY ease exect should be FUNERA its design	NAME (Type) Rudiger Breitenecker 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
O 2 4 O 2 O 2 S 7 T T	REMOVAL (Spacify) Dat 77, 1966 Free dat 1 W	lothedist Facoston Harring Co sond
HHO	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. AISME	Wyster when Benso	n mlass NOV 2 1866 Icharles Judge

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VS. A15ME 5M 9/60

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CERTIFICATE OF DEATH

14225

E RE /		A 21 M 19 11	2-9-0
deat	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
		o. COUNTY	o. STATE 6. COUNTY (factor)
fu ler		MARYLAND MARYLAND	MARYIAND MARTORY
affe e		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
rs Dag		write RURAL and give nearest town)	Unios de COARE 121
24 haurs after ed in by the furpers. Pages 1 72 haurs after		THURE UE EXITE 1 THYS	MATURE GE ORIOGIA.
n 24 h		d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
24 page 66		HARGRED MemoRIAL HOSA.	607 South WAShing Tox YES 1 NOV
filled pape thin 7.			
		NAME OF DECEASED / First Middle	E Lost 4. DATE Manth Day Year
> == -		(Type or print) LU/A	Athers DEATH OCTOBER 231966
ple of control	S.		3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
arr eve	1-7		K(G) last birthdoy) Months Days Hours Min.
and campressed and campressed on any ev	7	EMALE WHITE WIDOWED DIVORCED DO	AN. 18. 1811 /3 YIS.
and rem in an		. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT
d e b	dur	ing most of working life, even if refired) INDUSTRY	Macilla and COUNTRY?
de E	12	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# X 245	13.	FAIREK S NAME	14. MUTTER'S MAJDEN NAME
the death certificate be executed e attending physician and cample t permit. Then please remave caution, or remaval, And in any even	1	William M. Vackson	MARY A. STricker
ing Ing rem	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
attendi attendi permit. ian, or r	(Ye	s, na, ar unknawn) ((If yes give wor or doles af service)	
atte perm an, a		NO - None E	1941 M. GEATHERS, HAVE de GREE, ME
tipe of		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
that than the by the ransit cremati		PART I. DEATH WAS CAUSED BY:	LOGO ON COLO 1 ONSET AND DEATH
re do n		IMMEDIATE CAUSE (a)	month excess
S.D PT		THE TO DUE TO	1000 40 104
physic physic signec burial burial		Canditions, if any, which gave) (b) William 1	Hecomplendation 4-Strong
Paris Paris		rise to immediate cause (a), stoting the underlying cause DUE TO	20111
ing ing he he to		last. (c) Archies Clant	ie (a. dimencella - Jeroano:
or a de la			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
he or so or	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
AN: Th	CERTIFICATION	Chole custitiony on 10	-19-66 YES NO 8
de de de	FE	20g. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Port II af item 18.)
日常権が出	ERI	OR CONTRIBUTING CAUSE OF DEATH	
YSI ask	_	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
h h h	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
e e = = = = = = = = = = = = = = = = = =	ME	Haur o.m. While Not While of work of work	ary, street, office bldg., etc.)
Staffer Staff			7 4 1 10// to 10 4 7 7 10// that (1) (was to
A A G		21. I certify that (I) (this hospital) attended the deceased fram (1966, ta COX 23, 1965 that (1) (we) la
He Se in Figure 1			death occurred at 71,374, fram causes and an the date stated above
TA STORE		224. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
₹ 3 × ×		Laures M. C. I muys M.C.	
ral o		PHYSICIAN'S T MCO T	22d_ADDRESS
AL AL		(NAME (Type) AMES III LINEY III	DI Del har Md.
de de		V MILES III C. I INNE JIII.	p re ce ry to root
TO HOSPITA Page 4 ma TO FUNERAL director, p shauld be	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
dir dir	1	REMOVAL (Specify) 10-26-1966 (mar) Hill	Clamite Harry de Laca. Mist
5-5-0	124	FUNERAL DIRECTOR ADDRESS	25G REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	24	TOUR DIRECTOR TOUR TOUR TOUR TOUR TOUR TOUR TOUR T	4//
20 M 1/66		nel 9 /alleson & son lessere	les Date NOV 4 1966 Charles Jusque
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) hours . COUNTY Harford b. COUNTY Maryland by the and 2 death. Harford MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 24 write RURAL and give nearest town) = Bel Air hour Rural - Forest Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? South Main Street R.F.D. #1. Box #422 completely YES NO 3. NAME OF Middle DECEASED within KYYYY (Type or print) Floyd Goss 19 66 DEATH October carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Male White certificate WIDOWED [DIVORCED | amy ever 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Saw Sharpener Self Employed Fox. Grayson Co., Va. U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple Jessie Z. Goss Dora Phipps 16. SOCIAL SECURITY NO. 17. INFORMANT (Sister) 734-6814Address RFD#1. Box#79 15. WAS DECEASED EVER IN U.S. ARMED FORCES? The law requires that has been signed by the Mrs. Bertha G. Comer Churchville Md. 21028 unknown permit. attending physician. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gava rise to immadiate causa **DUE TO** (a), stating the underlying 6 certificate the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) use as CERTIFICATION PERFORMED? prior NO I for 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) detached for After this OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) (Stete) fectory, street, office bldg., etc.) Not While DIRECTOR: et work at work 21. I certify that (I) (this hospital) attended the deceased from f plnous saw the deceased alive on... 22a. SIGNATURE death. Page 4 rector, page HOSPITAL DIRECTOR PHYS. PHYS. 22c. HYSICIAN'S 22d. ADDRESS NAME (Type) S. Main St., Bel Air, Md. 21014 Gerald C. Palmer. M.D. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY P & B REMOVAL (Specify) Oct. 6, 1966 Oak Grove Baptist Ch. Cem. Fountain Green, Harf. Co., Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Broadway Williams DATE OC VR A15 (4) Bel Air, Maryland 21014

Joseph William Foster

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		14227	CERTIFICATE	OF DEATH		14227
		PLACE OF DEATH		2. USUAL RESIDENCE (Whe		on: Residence before odmission)
		HArtord	MARYLAND	MI	b. coun	Hartord
	4 1	 CITY OR TOWN (If outside corporate lim write RURAL and give pearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporote limits, write RUR	AL and give nearest town)
	17	AVre de Grace		111010	2 Grace	I (C DECIDENCE
	1	NAME OF HOSPITAL OR INSTITUTION (IF	1 21 1-1	3.19 S. Was	10 No 1-1	e. IS RESIDENCE ON A FARM?
	3.	NAME OF	First Middle		DATE Mont	O/ , YES NO D
	1	DECEASED (Type or print)	Frances G	rimsev	OF DEATH OCTOB	, //
	S. S			8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	F	emple White.	WIDOWED DIVORCED	JONE 16, 159	lost birthdoy) yrs.	Months Doys Hours Min.
	100.	USUAL OCCUPATION (Give kind of work don		11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT
	duri	ing mestrof working life, even if retired)	INDUSTRY	PENN.		EQUNTRY? A.
		FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE	4
		DAMUEL G. WA	romm	uma 7	U.	DUNKEL
		WAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unknown) (If yes give wor or dates	of an advant	MUELH, GRI	1455 1 32 Adds	S, WASHINGTON, ST
		10 CANCE OF DEATH (F		MOELITIGIE	MISEY HAVIS	PEDEGRACE, MD
		 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: 	120 - 1	10-1		ONSET AND DEATH
		154X IMMEDIATE CAUS	E TO	flores .		
		Conditions, if ony, which gove	(b) Metastel	Te ader	ro Ca, le	min
		rise to immediate couse (a), stating the underlying couse	E TO			
×		lost.	(c) Mimary	terectum	~ ?	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	ICATI					YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	MEDICAL	Hour o.m.	While Not While foct	ory, street, office bldg., etc.)	Zoi. (city of lowit)	(county (sione)
		p.111.	aspital) attended the deceased fram_	8-30 196	e6 to 10 -1	
		saw the deceased alive an_		t death accurred at		and an the date stated abay
		220. SIGNATURE	n	ATTENDING ME	D. STAFF	22b. DATE SIGNED
		1/4-71	t' Which M	D. PHYS. DIF	RECTOR PHYS.	10-2-66
	1	22c. PHYSICIAN'S NAME (Type)	I II Wax	608 S.	Morine	and .
/-	220	BURIAL CREMATION, 23b. DATE T	HEREOF 23c. NAME OF CEMETERY, OR		23d. LOCATION (City or Tox	(County) (Stote)
	230	REMOVAL (Specify)	4.1966 ANGELHIL	1 / /		WACE MD
0	24	FUNERAL DIRECTOR -6110	ADDRESS	2So. REC'D BY		GISTRAR'S SIGNATURE
13	K.	Madison Mitchell	HAVREDE GRACE IN	D. DATE OCT	5 1966 8	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or ottending physicion.

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10-2-66

File pages 1 and 2 with the State Department of and in any event within 72 haurs after death.

U DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER:

		Division of	STATIST	ICAL RESEA	RCH AND RE	CORDS, 30	1 W. PRESTON	STREET, BA	LTIMORE, M	ARYLAN	D 21201		
	14228			MEDI	CAL EXAM	NINER'S	CERTIFICAT	E OF DE	ATH	1	4228	j	
1.	o. COUNTY	775	0 -	d	٨	MARYLAND	2. USUAL RESIDI o. STATE	ence (Where de		institution: F	Residence before Harfor		ission)
	b. CITY OR TOWN (write RURAL one /+ > // >	give neorest	town	17 acc	c. LENGTH OF ST		c. CITY OR TOWN		parate limits, wr	ite RURAL o	and give neore	est tawn	1)
I	d. NAME OF HOSPIT				ve street oddress)		d. STREET ADDRE		224			e. IS RI ON / YES	ESIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)		Fire GR/		Middle MARI	E	Lost HACKMAN	4. DA OF DEA		Manth Octobe		0 1	Year 1966
	SEX Female	6. COLOR OF	te		NEVER MAR	RCED	B. DATE OF BIRTH March 14	,	9. AGE (In ye	loy) Mo yrs.	UNDER 1 YEAR onths Days	Hou	
du	o. USUAL OCCUPATION ring most of working Gas Mask	life, even if reti	ired)	IND	D OF BUSINESS O USTRY S.Govt.	R	11. BIRTHPLACE Spart		in country) Ch Carol		12. CITIZEN C COUNTRY USA		
	Mahlon								da Wils	on			
15 (Y	S. WAS DECEASED EVE 'es, no, or unknown) NO	R IN U.S. ARME (If yes give wo	D FORCES? or ar dates of	(Leadings)	O-03-612		INFORMANT ry Lewis	Webb,	Box 224	Address R.D.	.#1, F	alls	Md. ston,
	1B. CAUSE OF DI PART I. DEAT	ATH (Enter or H WAS CAUSE IMMEDI	D BY: ATE CAUSE (OATT	o), (b), ond (c).)	1000	otie C	V Di	2653	se			BETWEEN D DEATH
	Conditions, if ony, rise to immediat stating the under	e couse (a), I) ((b)									
NO	PART II. OTHER SI	GNIFICANT COM		(c) Intributing to	DEATH BUT NOT	RELATED TO	THE TERMINAL DISEA	SE CONDITION (GIVEN IN PART 1	(o)	19	. WAS A	UTOPSY RMED?
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.]	20b. DES0	RIBE HOW INJUR	Y OCCURRED.	(Enter noture of inju	ury in Part I or	Port II of item	B.)		YES [_]	NO 🔼
MEDICAL	20c. TIME OF INJU Hour o.n p.n	n.	oy, Yeor	20d. INJ While ot work	URY OCCURRED Not While of work	20e. PLA	ACE OF INJURY (Hom- tory, street, office bld	e, form, 20 g., etc.)	Of. (City or to	vn)	(County)		(Stote)
	21. I certif		-		ains described		eld an Autapsy cide, Ham	, Inspenicide ,	ectian 🗹, Undetermin	Inquiry ed manne		d in m	ny opinion
	ACTUAL SIGNATURE	erald	00	alm			M.D. ASSISTAN	EDICAL EXAMINE IT MEDICAL EXA	MINER .	elA	in	22. DA	TE SIGNED
		Gerald			M.D.		Address	MEDICAL EXAMII (Street, city, to	wn, or county)	10	-21	-6	6
	o. BURIAL, CREMATIC REMOVAL (Specify Burial	00	t.24		23c. NAME OF C		ery		LOCATION (City	rd	(Count		(Stote) Pa.
2	A FILMEDAL DIDECTO	D		100	ADDDECC		200	DEC'D DV DEC	ICTDAD 2	Ch DECISTO	IAD'C CICMATI	1DL	

K. McComas & Son, Abingdon, Md.

1986

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit Health ar its designated agent, priar to burial, crematian, ar remaval,

. 11			14229	CERTIF	ICATE OF	DEATH		14229
funeral and 2 ler death.			PLACE OF DEATH O. COUNTY A COUNTY	MARY	rLAND a. S	TATE MO	b. co u	HARFORD
that the death certiticate be executed within 24 haurs after an. by the attending physician and campletely filled in by the fur ransit permit. They please remave carban papers. Pages 1 crematian, ar remeval, and in any event, within 72 hours after			b) CITY DR TDWN (If autiside corporate imits, write RURAL and give nearest 19 m)	CE + DAY	2.	Str	carporote limits, write RU	RAL and give neorest town)
filled in papers hin 72 h	66		d. NAME DE HOSPITAL OR INSTITUTION (IF not in	morial	d. 51K	EET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
ed with pletely carban ent, wit			NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7	Middle H		hay	DATE Mon OF DEATH 9. AGE (In yeors	Doy Year 19 (
execution and cample any even			FW	MARRIED NEVER MARRIED WIDDWED DIVORCED	MAN	18, 1884	last birthdoy)	Manths Doys Hours Min
ician ar lease r		dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	IDb. KIND DF BUSINESS OR INDUSTRY		RTHPLACE (County & St)d.	12. CITIZEN OF WHAT COUNTRY S A
certific there by			FATHER'S NAME EUGENE KERNA		1	THER'S MAIDEN NAM	MISKOOM	
attendir permit. ian, ar re		(Ye	was deceased ever in u.s. armed forces? es, no grunknawn) (If yes give wor or dotes af se		17. INFORMA	A A		
that the an. by the ransit p			18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a) (b), and (c).)	Care	hac. I	ecompe	salin MERVAL BETWEEN
equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, ar			Canditians, if any, which gave (b) rise to immediate cause (a),	Arteriosel	colie (Vardion	escula,	Disease ?
			stating the <u>underlying cause</u> (c)			7		TYD. WAS AUTODSY
IAN: The law raid at a strending ficate has been far use as the Health prior ta	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT					19. WAS AUTOPSY PERFORMED? YES NO
せることで		AL CERTIF	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OF			<u> </u>	(6.1)
by the has from this ce from this ce be detache State Dept.		MEDICAL	2Dc. TIME OF INJURY Manth, Doy, Yeor Hour a.m. p.m. 19	2Dd. INJURY OCCURRED While Not While of work at work	foctory, stree	URY (Hame, form, t, office bldg., etc.)	2Df. (City ar tawn)	(Caunty) (Stote)
			21. I certify that (1) (this haspit saw the deceased alive an 220. SIGNATURE		and that death	accurred at	M, fram causes	and an the date stated aba
L OR ATTENI • be retained DIRECTOR: A ge 3 should iled with the			22c. PHYSICIANS	floom)	M.D. PHY	ENDING MED S. DIR	STAFF PHYS.	10/4/66
ro Hospital Page 4 may ro FUNERAL directar, pag	1	230	NAME (Type) Facus G	OF 23c, NAME OF CEME	MD -	faire.	cle Grac 23d. LOCATION (City or To	ewn) (Caunty) (State)
Page TO FU		24	REMOVAL (Specify) Oct. 8,	1966 SLAT	-	2So. REC'D BY	DELT	EGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		1	John H. Harbi	me, DEL	TA, PA.	DATE OCT	1 0 1996	Melando O

PSS-11

manager and

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201

Items #8 & 9 Film CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddess d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle Lost DATE Year DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED dost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10d. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Mate, or foreign country) 12. CITIZEN OF WHAT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO F 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 1966, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased from OCF2 1965 to Oct 23 19 CC, and that death accurred at 4.20 M, fram causes and an the date stated above. saw the deceased alive an-220. SLCHATUBE 22b. DATE SIGNED DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (City or Town) (Coupty (Stote) REMOVAL (Specify) 250. REC'D RY REGISTRAR

DATE

funeral and 2 deat be executed within 24 haurs after ician and campletely filled in by the fulease remave carban papers. Pages, and in any event, within 72 hours after physician c ar remayal. aftending permit. signed by the atter burial-transit perm burial, crematian, a be retained by the haspital ar attending physician. detached far use as the te Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate State | pe director, page 3 shauld shauld be filed with the Page 4 may directar,

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permits. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14231

14231			CERTIFICAT	E OF DEATI	H 14:	231
1. PLACE DF DEA a. COUNTY	_{тн} Harford		MARYLANO	a. STATE	ICE (Where deceased lived, If Institution b. COUNTY b. COUNTY H	n: Residence before admission) [arford
b. CITY OR TO	WN (if outside corpora L and give nearest to	te limits,	c. LENGTH OF STAY IN 1b		f outside corporate limits, write RU	
Bel		vn)	l Week	Fores	st Hill	121
		ON (If not in i	nospital, give street eddress)			e. IS RESIDENCE ON A FARM?
Harford	Convales	cing	Home			YES NO K
3. NAME DF	F	Irst	Middle	Last	4. DATE Month	Day Year
(Type or print)	David		Burt	James	DEATH October	21 1966
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mont	OER 1 YEAR IF UNDER 24 HRS
Male	White	WIOOWED		May 13, 19	907 59 yrs. Mont	hs Oays Hours Min.
1Da. USUAL OCCUPA	ATION (Give kind of work	done 10b.	KIND OF BUSINESS OR			2. CITIZEN OF WHAT
Farmer	rking life, even if retire		industry • farming	Rural Re	etreat, Va.	U.S.A.
13. FATHER'S NA		uell	• 1011111111111111111111111111111111111	14. MOTHER'S MAI		VANA
Davi	d C. Jame			Glara /	Alice Horne	
	DEVER IN U.S. ARMED FO		. SOCIAL SECURITY NO. 17.	INFORMANT	5718 Address E.	Bury Ave.
(Yes, no, or unkown)	(If yes give war or dates	of service)			71-0	•
No	F DEATH CENTER AND A			avid C. Ja	ames Bartimor	I INTERVAL BETWEEN
	DEATH VENTER ONLY OF	v	line for (a), (b), and (c).]			ONSET AND OEATH
TANT II	IMMEDIATE CAUSE	(a) Tox	cemia from Meta	static Ca		20 days
177	X DUE	то				
gave rise to	f any, which	(b)				
cause (a),	stating the OUE	TO				
underlying ca			ary site: Ca p		THE STATE OF THE S	1(a) 19. WAS AUTOPSY
S PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO OEATH BUT NOT REL	ATEO TO THE TERMINAL	OISEASE CONDITION GIVEN IN PART	PERFORMED?
PART II. OTHER	IT WAS UNDERLYING TING CAUSE OF DEA	20b.	DESCRIBE HOW INJURY OCC	URREO. (Enter nature	of Injury in Part I or Part II of Item	
						(County) (State)
Hour a	FINJURY Month, Day, a.m. p.m. 19	While	not While my	ACE OF INJURY (Home, a cory, street, office bldg.,		(County) (State)
21 L cert		nital) atten	ded the deceased from N	lay 18.	1916 to Oct. 21, 1	966_ that (I) (web last
saw the	leceased alive on O	et. 18.	1966 and the	at death occurred at	8 p.M, from the causes and	
22a., SIGNAT		0/	/ 4	at doddii ooooii oo aa		. OATE SIGNEO
111	10000A	VK	Like an M	O. PHYS.	OIRECTOR PHYS.	t. 22, 1966
22c. PHYSIC	IAN'S	11		22d. ADDRESS		
NAME	Willard P.	Hudson	M.D.	For	est Hill, Md	
23a. BURIAL, CRI	EMATION, 23b. DATE		23c. NAME OF CEMETER		23d. LOCATION (City, town o	r county) (State)
Buria.	Soecify) 10/24	+/1966	Bel Air Me	m. Garden	s Bel Air, Ma	rvland
24. FUNERAL OI		.,	ADDRESS	25a. R	EC'O BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
Charles	E. Kurtz	Jar	rettsville,	Md. DATE	DCT 26 1966 PC	lianles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1.	PLACE OF BEATH a. COUNTY		2. USUAL RE	SIDENCE (Where decease			sidence	before admi	Ission)
	Harford	MARYLAND	a. STATE	Mary!	land	b. coun	Har	for	rd	
_		c. LENGTH OF STAY IN 1b	c. CITY OR TO	OWN (If out	side corpora	ate limits, wri				town)
		7/1 77700	Po	7 450	r R	D 40	/	2.1		
	Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	14 yrs.		l Aii	r. K	D #C		l e	. IS RESID	ENCE
		pital, give street address,				73			ON A FAR	RM?
_	Churchville Road		Chu	rchv:		Road		-		oKI
3.	NAME DF First DECEASED (Type or print) George Fr	Middle	Last	4.	DATE DF DEATH	Month		Day	Year	CC
5.	deolec 11		Ohnson 8. Date of Bir	RTH.	19 4	Octobe GE (In years	IF LINDER 1	YEAR		66 4 HR\$.
	7. WARKTED D	NEVER MARRIED			la	st birthday)	Months	Days		Min.
_	lale White WIDOWED		Aug. 11			<pre>// yrs. foreign country)</pre>	1 12 CI	TIZENI	DF WHAT	
dui	LUSUAL OCCUPATION (Give kind of work done 1Db. KIN ing most of working life, even if retired)	USTRY					CO	UNTRY'	?	
	Laborer Sta	te Road	Rock	s, Ma	aryla	nd	U.	S	A .	
13	. FATHER'S NAME		14. MOTHER	S MAIDEN	NAME					
	George W. Johnson			heri	ne Ad	ams				
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. St	DCIAL SECURITY NO. 17.	INFORMANT			Addres	s RD	#2		
		18-5693 Li	urtha D	. Joh	nson	Bel	Air.	M	d.	
	18. CAUSE DF DEATH [Enter only one cause per line							INTE	RVAL BETW	VEEN
	PART I. DEATH WAS CAUSED BY:	Mhanami							Min.	ATH
	IMMEDIATE CAUSE (a) CO	ronary Thromb	00818					20	MILLIA	
	DUE TO									
	Conditions, If any, which gave rise to immediate (b)									
	cause (a) stating the DUE TO			••	7				?	
-		Arterioscler							-	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REI	ATED TO THE TER	MINAL DISE	EASE CONDIT	ION GIVEN IN F	PART 1(a)	19.	WAS AUTO PERFORMI	
CA		None						YES	S NO	0
분	2Da. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter na	ature of inj	ury in Part	I or Part II of	Item 18.)		
CERTIFICATION	2DB. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		URY OCCURRED 20e. PL	ACE OF INJURY (lome, farm,	20f. (CII	y or town)	(Cou	nty)	(Sta	ate)
MEDICAL	Hour a.m. While r	- Not while -	tory, street, office	bldg., etc.)						
Σ	p.m. 19 at work		2.20				2 (
	21. I certify that (I) (this hospital) attended	the deceased from_	Eab. 12,	,195	5, to_L	ctober	5 19.00	5_, th	at (I) DEDE) last
	saw the deceased alive on Sept. 24,	19 66, and th	at death occurr	ed at 3	UM, from	the causes				above.
	22a. SIGNATURE	/	ATTENDING	MEI		STAFF	22b. D/			
	Willard P. F.	udson M	.D. PHYS.	DIR	ECTOR	PHYS.	Oct.	6,	1966	
	22c. PHYSICIAN'S		22d. ADDF							
	Willard P. Hudson, M.D.		Fore	est Hi	11, Md					
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATOR	Υ	23d. LOCA	TION (City, to	wn or cou	inty)	(Stat	te)
	Burial 10/8/1966	St. Paul			Pvle	sville	e. M	arv	land	
	FUNERAL DIRECTOR	ADDRESS	25	a. REC'D	BY REGISTA	AR 25b. RE	GISTRAR'			-
C	harles E. Kurtz Jar	rettsville	. Md . n	ATE OC	T 7.	1966 6	Mlin	10	Juda	41
V.	TOT TOD TO TAKE OF OCT.		7 0	MIE WW		IVUV X			VIII	-

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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unerol ond 2 or deoth.			LACE OF DEATH COUNTY HARFORD 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE MARYLAND MARYLAND O. STATE
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rtificate be executed witl physicion and completely en pleose remove carbor ovol, opermany event, wi		s. 7.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS. WIDOWED 12-18-1882 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 14 HRS. Min. WIDOWED 12-18-1882 9. AGE (In years 15 UNDER 14 HRS. Min. Min. Min. Min. Min. Min. Min. Min
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NG PH y the h ter this e detoc		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of otwork of octory, street office bldg., etc.) 20e. PLACE OF INJURY (Hame, farm, foctory, street office bldg., etc.)
ATTENDI etoined b CTOR: Aff should b ith the Si			21. I certify that (I) (this haspital) attended the deceased fram 10/6, to 19/6, to 10/2, 19/6, thot (I) (we) las saw the deceased alive on 19/27 19/6, and that death occurred at 25 M, fram causes ond an the date stated above
be re			220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. COLOR 220. ADDRESS 221. ADDRESS
SPI 4 m	1	230	NAME (Type) Edward C, Loo, MD Have de grace (ud BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/or/Town) (County) (State)
T - T	RE	E 24	REMOVAL (Specify) 10-25-66 Byoot (Specify) 10-25-66 Byoot (Specify) 250, REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4234 CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after the MARYLAND Pages Irs aft c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by the bound of the papers. Page, within 72 hours a 24 hours d. NAMÉ OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO X within completely carbon NAME OF Middle DAT Year Month DECEASED OF/ event, (Type or print) DEATH 196 executed and con 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. last birthday) | Months | Days | Hours | Min. OATE OF BIRTH 7. MARRIEO NEVER MARRIED any WIOOWED DIVORCEO physician and please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR (11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be INOUSTRY Hama 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address as been signed by the atten as the burial-transit permit. prior to burial, cremation, or death (Yes, no, or unknwn) (If yes give war or dates of service) [Leele 12 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. STOR: After this certificate has should be detached for use as the the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work J FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 196 P. to. algae, and that death occurred at 8:10 AM, from the causes and on the date stated above. saw the deceased alive on 22a. \SIGNATURE 22b. OATE SIGNEO TO FUNERAL DIRE director, page 3 should be filed w ATTENOING PHYS. STAFF PHYS. MEO. DIRECTOR M.D. TO HOSPITAL Page 4 may may 22c. PHYSICIAN'S NAME (Type) 224 ADDRESS ann 23b. DATE THEREOF LOCATION (City, town or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AFORESS REC'D BY REGISTRAR 1966 TARRETTSVILLE VR A.15 (4) 20M 1/65

RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give nearest Jown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give preet address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF Last 4. DATE Month Dey Yeer DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and Months Days Hours WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) done during most of working life, even if retired) DISPACH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 16. SOCIAL SECURITY NO. | 17. INFORMANT ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN <u>ک</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 1990, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... 19.00, and that death occurred al M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE STAFF SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S death. Page O FUNER NAME_IType director, be filed (Stete) 23d. LQCAJION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOXAL BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIG SIGNATURE VR A15 (4) 1966 1SM 7-62

30/A:): 3/10 / 10/10 / 10/10 Ell Frank Line Da Broken net Hill Black Shire St. Pobert Maryell M W X Tuysen C See Districted the State of the Sta No Work STAR STARTE SAFAN STANDARD BURGARDER 9269 CANB 35 1600 -120 - 146 A BENDER 8-18 66 70 21 66 Lived & Coliner 10-3-46 cerild C Palace and the first of the f Care Hart Charles and Butter HOV & Hill Village

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14236

CERTIFICATE OF DEATH

14235

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r d			o. COUNTY Hard	ord		MAI	RYLAND	o. STATE Mar	yland	b. COL	INTY	Harfo	rd	
afte ne f ne f afte	- 6		b. CITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If o	outside carparate l	imits, write Rt	JRAL and give	negrest	lawn)	
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l wi etely arbo	100		DECEASED (Type or print)	REBE	CCA	-		MATTHENS	OF DEATH	Octo	ber	11	19 66	
mpl mpl ever		S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED .	8. DATE OF BIRTH		GE (In years ast birthday)	IF UNDER Manths	Days Days	F UNDER 24 HRS. Hours Min.	
execute and camp remave nany eve	ρŒ		Female	Negro	WIDOWED	DIVORCE	ED 🔲	Nov.11,1897	8	8 yrs.	Manns	Days	Hours Min.	
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ding re-				R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO.		NFORMANT					Joppa,	
that the death certificate be ex an. by the attending physician and transit permit. Then please rem cremation, or remaval, and in an		(16	no	(ii yes give wor or dores t	22	0-24-0270	Mr	s. Lucille	Lingham,	old H	Philad	elphi	a Road _{Mo}	
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pital pital d fa of He	0.3	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I ar Part II	of item 18.)				
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S PHYS the host this cer detache e Dept.		MEDICAL	20c. TIME OF INJU		While	NJURY OCCURRED Not While		CE OF INJURY (Hame, far ary, street, affice bldg., etc		ity or town)	(LOI	inty)	(State)	
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aine aine 708 708 708 708 708			22g. SIGNATURE	eceasea alive on	10	19_66,	ond ino	i dealii occurred u	I NI, I	ram causes		ATE SIGNED		
L OR ATTEL be retaine DIRECTOR: ge 3 shaul iled with th			ZZu. SIGNATURE	2111	111	Louis	M.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	_	-//-		
TAL OR nay be AL DIRI page 3 e filed v	+22		22c. PHYSICIAN'S	71211 0	() 6		(11).	22d. ADDRESS			7/-	//	00	
	1		NAME (Type)		Hodous	, M.D.	5 36	Edgewoo	d, Mary	and		4	516301	
D HOSP age 4 r FUNER director,		230	. BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23c. NAME OF CEM	METERY OR	CREMATORY	23d. LOCAT	ION (City or T	awn)	(County)	(Stote)	
Pag Pag dire	2		REMOVAL (Specify		4.1966			tist Cemete				rfor	d Md.	
	B	24	. FUNERAL DIRECTO	R	, .,	ADDRESS	~	2Sa. REC	D BY REGISTRAR	25b. R	EGISTRAR'S S	IGNATURE	1.00	
VR A15 (4) 20 M 1/66	6		Howard	K. McComas	& Son,	Abingdon	, Md.	21009 DATE 0	CT 13	1966	Cliar	Clo)	nage	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14237 CERTIFICAT	E OF DEATH 11936	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resident	ce before admission)
	a. COUNTY	a. STATE b. COUNTY	
	Harford MARYLAND	Maryland Harfo	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and g	(ive nearest town)
	Fallston 45 yrs.	Fallston	2-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Pleasantville Road	Pleasantville Road	YES NO
3.	NAME OF DECEASED (Type or print) = mma Viola Mc	Cann de Date Month Da Da De Cann De	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	
	WIDOWED TO DIVORCED	104.23) 888 Jast birthday) Months Days	Hours Min.
lOa	A LISHAL OCCUPATION (Give kind of work done 10h KINO DE RUSINESS OF	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	N OF WHAT
lur	ring most of working life, even if retired) INOUSTRY	COUNTR	RY?
10	Housewife Home	Maryland U.S.	.A.
13.	. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	Charles Harry	Mary Catherine Grimes	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 2	L047
(16	No 218-32-5484 D Ho		Id.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ERVAL BETWEEN
	A	Leunemiz	SET ANO DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Aconomie /	8 200
	2041 DUE TO		
	Cenditions, If any, which (b)		
	gave rise to immediate cause (a), stating the OUE TO		
	underlying cause last. (c)		
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119	. WAS AUTOPSY
A			PERFORMEO?
5			ES NO
CEKII	20a. ACCIOENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
2	Hour a.m. While Not While factor	ory, street, office bldg., etc.)	(0.2.17)
Z E	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	, 1963, to Out, 29, 1966 t	that (i) (we) last
	saw the deceased alive on 00t, 27 1966 and tha	t death occurred at 3 PM, from the causes and on the da	te stated above.
	22a. SIGNATURE	22b. DATE S	IGNEO ,
	William a. / your M.	D. ATTENOING MEO. STAFF DIRECTOR PHYS. 10-29	7-66
	22c. PHYSICIAN'S	22d. AODRESS	
	NAME (Type) William A. 74504	Kingsville Me.	
32	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 1 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify)		
24	Burial 11/1/1966 Fallston Me	ethodist Fallston, Maryl	
		MOVE - And a	
	harles E. Kurtz Jarrettsville,	Md. DATE NOV 1 1966 Peliane	en Judge

VR AI5 (4) 20M 1/65 Stand House the second of the second

Call Co.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY. MARYLAND CITY OR TOWN (If autside cornorate limits c. LENGTH OF STAY IN 1b c. CITY_OR JOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest fown give street address d. STREET ADDRESS ON A FARM? YES NO X 3. NAME OF 4 DATE Manth Day Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Jast birthday) Months Days Hours 1890 WIDOWED DIVORCED June 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. RIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired)
HOUSEWII e INDUSTRY Home 14. MOTHER'S MAIDEN WAME 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Virginia E. Herbort, Morristown, N.J. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAC DECOMPENSATION IMMEDIATE CAUSE (a) 260X DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 10 Years last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark , 1966 , to 10/26 21. I certify that (I) (this hospital) attended the deceased from_ 1966, that (I) (we) last saw the deceased olive on_10-26 1966, and that death accurred at _____M, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. MED. 10-27-66 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Gunther D. Hiesch, M.D. Havre de Grace. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23d. LOCATION (City or Tawn) (County) (Stote) Aberdeen, Grove Cemetery Maryland 10-29-66

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

Tarring Funeral Home

Aberdeen.

TO FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral s 1 and 2	$\overline{}$		PLACE OF DEATH	-	-1		2. USUAL RESIDENCE (Wh			before odmission)
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l in 172 h		1	NAME OF HOSPITAL DR	NSTITUTION (If not in	hospital, give street address		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
filled i	66	2	TARTORA	111em 01	RIGH 1105pi	196			47.	2 YES NO NO
			NAME OF CECEASED	First	Middle	1: 7	Me 7/	OF	Month	Doy Year
campletely ave carbar y event, wi		5	Type or print)	LOR OR RACE 7	MARRIED NEVER MAR	OL II	DATE OF BIRTH	9. AGE (In year	s IF UNDER 1	YEAR 1 IF UNDER 24 HRS.
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and rem		100	USUAL OCCUPATION (Give		10b. KIND OF BUSINESS O		11, BIRTHPLACE (County & S		12. 2117	EN OF WHAT
- o	1	dur	ng most of working like eve	nifetired) Rev	OWN HO	SME	mo	Coril	Co. 701	MAS) H
D Si			FATHER'S NAME	1117	101		14. MOTHER'S MAIDEN NA	ME ,		7
phy hen nava			SIERR	4/11/2/	e ULTRIN	5074	/ Of his	RINE W	ah1	5.
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inal the death certification. by the attending phy transit permit. Then cremation, ar remava			18. CAUSE OF DEATH (E PART 1. DEATH WAS		per line for (a) (b), and (c)			0		INTERVAL BETWEEN ONSET AND DEATH
by to rem				MMEDIATE CAUSE (o)	July	you	race oc	Rewell	•	
A 1 7 1 2			Conditions, if ony, which	DUE TO	Vice	20011	1	me de	ià	
physic signed burial burial			rise to immediate cous	e (o), (DUE TO	9	Jane	1	Con Control		
tending tending as been as the			stoting the underlying last.	(c)		J			0.00	
tten as b as pric		z	PART II. OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO TH	E TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
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ifica ifica far		CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU		20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter noture of injury in Por	t I or Port II of item 18	.)	msanii
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this the bear		MEDICAL	20c. TIME OF INJURY Mo Hour o.m.		20d. INJURY OCCURRED While Not While	20e. PLACI	FOR INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town	ı) (Coun	ty) (Stote)
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DIRE DIRE Je 3 led w			Men	1.1.	frence	M.D.		RECTOR PHYS.	0/0-	-27-66
	1		22c. PHYSICIAN'S NAME (Type)	11 inm	KSYENO	ler	HAURC-	de G. YA	ce A	H.
UNE 4		230	BURIAL, CREMATION,	23b. DATE THERE	OF 23c NAME OF	CEMETERY OR C		236 LOCATION (City o		County) (Stote)
Page 4 may 10 FUNERAL director, pa	0	/	REMOVAL (Specify)	10-31	-66 Bro	oKOI	ew (em	XISIIVO	SUN	Cecil Md.
VR A15 (4)	K	24	FUNERAL DIRECTOR	00	ADDRESS		2So. REC'D B	-1.	. REGISTRAR'S SIG	NATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the argending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
14240	CERTIFICATE OF DEATH	14239

	1703	
PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before adm	ission)
Harford MARYLAND	a. STATE Maryland Harford	
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
Aberdeen Proving Ground 1 Day	Havre De Grace	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESID	
Kirk Army Hospital	327 S. Union Ave	
3. NAME OF First Middle	Last 4. DATE Month Day Year	
OECEASEO (Type or print) Terri Lane	MILLER DEATH Oct 24 19 6	56
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2	4 HRS.
F White WIDOWED DIVORCED	23 Oct 66 Isst Dirthday) Months Days Hours 1	Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
N/A N/A	Harford, Maryland USA	
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Norman Lane MILLER	WALKER, Sarah Francis	
	INFORMANT Address	
N/A (11 yes give war or dates of service)	Father (Same as above)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETW	/EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	ONSET AND DE	
7630 DUE TO		
Conditions, If any, which) (b) Aspiration		
gave rise to Immediate (cause (a), stating the DUE TD		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	
Cleft lip and palate. Fetomaternal tran	The state of the s	-
20a ACCIDENT WAS UNDERLYING TO 1 20b DESCRIBE HOW INTURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (Stary, street, office bldg., etc.)	ite)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 20d. INJURY OC	7, 44 664 0 1100 MINE., 610./	
21 I certify that (I) (this beenital) attended the deceased from	3 Oct , 19 66 to 4 Oct , 1966 , that (1) two	last
saw the deceased alive on 24 Oct 196 , and that	death occurred at 6: 10M, from the causes and on the date stated a	bove.
22a. SYGNATURE	22b. DATE SIGNED	
Le Causer Sell &, M.D		
(22C. PHYSICIAN'S NAME (Type) TEXT AND LATERUM COM MC	22d. ADDRESS	
LELAND WIGHT, CPT., MC	Kirk Army Hospital, APG, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		
Burial 10-28-66 Post Temete		1A-
24. FUNERAL DIRECTOR Tarring FUNE al Ho	ome 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE N	IU.
Atom & January Aberdeen, Md.	DATE OCT 28 1966 Scharles Judge	-
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

4242 by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN JH papers. Pagi hin 72 hours o write RURAL and give nearest/town campletely filled in nave carban papers. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO signed by the attending physician and campletely filler burial-transit permit. Then please remave carban pap burial, crematian, or removal, and in any event, within NAME OF First Middle Last DATE Manth Doy Year DECEASED (Type or print) 19 DEATH IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Haurs Days DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) 0.5 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO prior tal stoting the underlying cause has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION TO FUNERAL DIRECTOR: After this certificate he director, page 3 shauld be detached far use should be filed with the State Dept. of Health be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not While ot wark ot wark 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 9 19 66, and that death occurred at 5HPM, from couses and on the date stated above saw the deceased alive on. 220 SIGNATURE 22b. DATE SIGNED MED STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION 23b. DATE THEREOF (State) (County) Burial (Specify) Md. Harford Co. Oct. Bethel Cemeterv 2Sq. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CHICAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 J. F. Eline & Sons Reisterstown, Md.

24 haurs after death executed within requires that the death ATTENDING PHYSICIAN: The law A Comment The state of the s the state of the s

FOR STATE HEALTH DEPTM

Page delay is deat Department PM3 after Office alang with farm 8. Give Pages 1, be executed within 24 haurs after death. with and 2 pencil in Item 1 the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's permit. burial-transit This certificate should O pe 3 shauld

with the State Dep within 72 haurs o event crematian, ar removal, burial, p priar Health ar its designated agent, FUNERAL DIRECTOR: Page please execute the funeral director. Page may be retained

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest Jown) write RURAL and give nearest town) Q.O.A. Havre de Grace 6. U. T.

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Harford Memorial Hospital 3. NAME OF DECEASED First Middle DATE Month Doy OF (Type or print) DEATH October S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED lost birthdoy) Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ENN. 13. FATHER'S NAME MOTHER'S MAIDEN NAME GARERITE BUCKLEY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service -40-6170 IB. CAUSE OF DEATH (Enter only one couse per line for (o), PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO T 20o. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Auto Accident MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) foctory, street, office bldg., etc.) 19 66 3:30 Route at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian Accident T death resulted fram: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Bel Air. ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Gerald C. Palmer, M.D NAME (Type) Address (Street, city, town, or county) (County) / 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 1968

VR A15ME (5) 6M 1/66

O DEPUTY

FOR STATE DEPT. ond 3 to PM3. Page agges, I and 2 with the State Department of ery event within 72 hours after death.

in pencil in Item 18. Give Poges 1, 2,

This certificate should be executed within 24 hours after death. If

CAL EXAMINER:

O DEPUTY MED

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2 the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form

14244

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14243

		PLACE OF DEATH g. COUNTY		Where deceosed lived, if it		ce before admission)
		MARYLAND	o. STATE MO	(°	COUNTY A	15-8050
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b - write RURAL and give nearest tawn)	10 1.	itside corporote limits, wri	te RURAL and give	neerest town)
		Aprileen atomacyo.)- d F E	2/1	12.1
0	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	estrut	50	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) NH HN e1 5 Mulle	Last	4. DATE OF DEATH OCT	Month be >-	Doy Year 1 2 19 66
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	Sept. 9, 19	9. AGE (In ye lost birthd		Days Hours Min.
	10o. duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Medianus Medianus NDUSTRY Self Employeed	R. BIRTHPLACE (Stote	or foreign country) ura Va		IZEN OF WHAT
)	13.	Joseph Green Mullen	14. MOTHER'S MAIDEN	Doed.		
	Gle.	an annual formation and determined	nformant Coroth	y muller	Address 426	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) F 3 (b), ond (c).)	Kull "			INTERVAL BETWEEN ONSET AND DEATH
		8254 DUE TO				
		Canditions, if ony, which gove rise to immediate couse (a),				
		stoting the underlying cause DUE TO (c)				
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1	0)	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Part I ar Port II of item I	8.)	
2	MEDICAL		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		1	inty) (Stote)
		21. I certify that I took charge of the remains described obove, hel	ld on Autopsy 🔲,	Inspection ,	Inquiry 🗷,	ond in my opinior
		deoth resulted from: Noturol couses 🔲 , Accident 🔀 , Suici	ide 🔲, Homicide	, Undetermine	d monner	
		ACTUAL SIGNATURE Levald & Calmer	CHIEF MEDICAL	EXAMINER B	el Ai,	22. DATE SIGNED
		EXAMINER'S G EYOLD P FOLM PS	Address (Street	L EXAMINER	16-1	7-66
P	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C REMOVAL (Specify) Och. 24/966 Batts. Nation	ral Cemetery	23d. LOCATION (City Baltin	. ,	(Caunty) (State)
2	24	FUNERAL DIRECTOR ADDRESS 556 %	gis St. 250. RECT		b. REGISTRAR'S SI	
	(/	Moles (b. D. Obet The on de Marco med	DATE OF	CT 2 4 1966	Music	la Quela

VR A15ME (5)

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File. Heolth or its designoted ogent, prior to burial, cremotion, or removal, and

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE			14245	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	14244
EALTH DEPT. 프무용 호텔			ACE OF DEATH COUNTY Harfor	i	MARYLAND	CTATE	Where deceased lived, if institution b. COUNTY	ion: Residence befare admission) NTY Harford
n. If any delay is ges 1, 2, and 3 to farm PM3. Page ate Department of haurs after death.		b	CITY OR TOWN (If outside corporate write RURAL and give nearest town Aberdeen	e limits, n)	c. LENGTH OF STAY IN 1b	1	tside carparote limits, write RUR erdeen	(AL and give nearest tawn)
farm F fa	00		NAME OF HOSPITAL OR INSTITUTION	(If nat in haspitol,	give street address)	d. STREET ADDRESS	Graceford I	e. IS RESIDENCE ON A FARM? YES NO [X
arrer aearn. Ir of Sive Pages 1, alang with farm with the State De within 72 haurs	-		AME DF	First	Middle	Lost	4. DATE Mant	th Day Year
arrer dearr 8. Give Pag alang with with the Sta	-	() S. S	ype or print)	CE 7. MARRIED		PARROTTA 8. DATE OF BIRTH	9. AGE (In years	er 20 ₁₉ 66 Tifunder 1 year Tifunder 24 hrs
			Temale Cau.	WIDOWED	DIVORCED A		924 42 Jost birthday) yrs.	Manths Days Haurs Min.
in Item 18 ers Office of and 2 v		0a. Iurin	JSUAL OCCUPATION (Give kind of work g most of working life, even if retired) Hous ewill e	dane 10b. K	IND OF BUSINESS OR IDUSTRY Home	11. BIRTHPLACE (State	ar fareign cauntry) ermont	12. CITIZEN OF WHAT COUNTRY? U.S.A
= - W		13.	FATHER'S NAME	707 - 3-3-		14. MOTHER'S MAIDEN N	hristie P. 1	U0]+
9 'E 'B 'E 'B	-	1S. (Yes	Frederick WAS DECEASED EVER IN U.S. ARMED FO no ar unknown) (If yes give war ar NO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFDRMANT	Addre	
are snow as executed the ward "pending" in a the Chief Medical (a burial-transit permit.			18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B' IMMEDIATE	CAUSE (a)	(o), (b), ond (c).)	てり ナルノ	n	INTERVAL BETWEEN ONSET AND DEATH
snavia e ward i the C vurial-tr			Conditions, if any, which gave)	(b)				
verificate writing the rwarded to seed as a bourial, crem		-	stating the underlying couse ost.	(c)				
s cermicate sr e, writing the forwarded ta used as a bu burial, cremo		MICN	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Aminer: This certificate should the certificate, writing the ward to should be forwarded to the Chour files. ge 3 shauld be used as a burial-tragent, prior to burial, crematian,		MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part II af item 1B.)	
the 4 sh ur fill le 3 s gent		MEDICA	20c. TIME OF INJURY Month, Day, 16:55 p.m. 10-20	Year 20d. I 1966 While at wor		CE OF INJURY (Home, farm gry, street, office bldg., etc.) LOME	Aberdeen	efored Md.
O' - D - O			21. I certify that I taak death resulted fram:		mains described abave, he , Accident , Suic			anner and in my apinio
			ACTUAL LEVALL (Pals	ner	M.D. ASSISTANT MED	ICAL EXAMINER	-21- G. BATE SIGNE
necessary, the funeral 5 may be 5 FUNERAL Health ar i	2				mer, M.D.	Address (Street	AL EXAMINER KAK , city, tawn, ar county) Be	
necessa the fun 5 may TO FUNE Health	B	23a.	DEMONIAL IC IT I	-211-66	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To Havre de (

Tarring Funeral Home Aberdeen, Md.

2Sa. REC'D BY REGISTRAR DATE OCT 24

25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14246 The law requires that the death certificate be executed within 24 hours after death by the funeral.

Pages, I and a sours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND OTY OR TOWN (If outside dopartie limits, write RURAL and give nearest town) CITY OR TOWN (If outside CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate/limits, write RURAL and give nearest tawn) I completely filled in by the move carbon papers. Page ny event, within 72 hours at d. NAMELOF HOSPITAL OR INSTITUTION (If not in haspital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO NO 3. NAME OF First Middle 4. DATE Month DECEASED SON (Type or print) DEATH 6. COLOR OR RACE SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED emove last birthday) Days Hours Manths ond in ony 10 WIDOWED DIVORCED and and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State) or foreign country) 12. CITIZEN OF WHAT edse during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a cremotion, or removal, attending phy permit. Then 50 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give wor or dates of service CHARDSON, DARLINGTON CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit burial, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO ficote hos been s for use as the b f Health prior to b stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While ot wark at work 19 115, ta. 21. I certify that (1) (this haspital) attended the deceased fram. directar, page 3 should should be filed with the and that death accurred at 2 saw the deceased alive an_ O. M. fram causes and an the date stated above. 66 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. PHYS ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) R. ADOLFO GRASE AVRE DE 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) SOUTHERN JURIAU ARFORD 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 66

ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

G Bin		16247		CERTIFICA	TE OF DEATH		14246
by the funeral Bages I and nours after death		PLACE OF DEATH o. COUNTY	,		2. USUAL RESIDENCE (Where deceased lived, if institution b. CO	ution: Residence before odmission) UNTY Harcad
for ter		MARFOR	d	MARYLAND	Ma		
and campletely filled in by the furthermove carbon papers. Pages I in any event, within 72 hours after		b. CITY OR TOWN (If outside co write RURAL and give negro	rporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	JRAL ond give neorest town)
by Pc our	1/		RACE	/day	JOPP.	A	12-1
in ers. 2 h		d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospi	tol, give street oddress)	d. STREET ADDRESS	L 1301,	e. IS RESIDENCE ON A FARM?
filled pape thin 72	1	tARFORD !	Temocial	HosbitaL	. Rt 3. 5.	Tocken 8	YES NO 🛛
ih ki	3.	NAME OF	First	Middle	Lost		nth Doy Year
campletely ave carbar y event, wi		(Type or print) ERN	lest :	JONES	RIGOON	OF DEATH Oct	ber 15 1966
nplo e co	S.	SEX 6. COLOR	OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
signed by the attending physician and camp burial-transit permit. Then beese remave burial, crematian, ar remaval, agen any ev		MW	WIDOV	VED DIVORCED	JUVE 7, 1891	lost birthdoy)	Months Doys Hours Min.
and rem		USUAL OCCUPATION (Give kind of	f work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT
5 3 3	dur	ing most of working life, even if re	etired)	U.S. GOVETUMENT	- Md. (Har ford Co.)	COUNTRY U.S.A.
E-8 7	13.	FATHER'S NAME			14. MOTHER'S MAIDEN I		
attending physician sermit. Then please an, ar remaval, appl		Sammer	reld Rigg	aok	marth	IA JONES	
E III	15.	WAS DECEASED EVER IN U.S. ARM			7. INFORMANT Sand Cur	V0/-2225 14	lress /- bab
nit. ar r		s, no, or unknown) (If yes give v	Variance de seas de sension V		nrs. Edita P. R.	130144	molton Rd. (RED#3)
aff an,					11/3/ =4///	Jes Jobby	manyland 21085
sit p		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU		andrac 1	econoliesa	lina de	ONSET ANO DEATH
by ren		IMME	DIATE CAUSE (o)	-07:	267	Cort as	72005
signed burial-t burial, a		Conditions, if ony, which gove	DUE TO	* alleur So	levolic C	The ase	9 6 940
sign ouri		rise to immediate couse (a)	(0)				
ficate has been s far use as the t f Health priar ta b		stoting the underlying couse	DUE TO				
been is the riar ta		last.) (c)	NO TO DELTH BUT HOT BELLTED	TO THE TENANT DISTANCE CO.	IDITION OF THE BADY 1/)	19. WAS AUTOPSY
has se as th pr	NO	PART II OTHER SIGNIFICANT C		NG TO DEATH BUT NOT RELATED	111	NDITION GIVEN IN PART 1(0)	PERFORMED?
adt us	CERTIFICATION	Caranin	9, red				YES NO
清雪茶	RTIFI	200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING TO CAUSE OF	G ☐ ✓ 20! DEATH	D. DESCRIBE HOW INJURY OCCUPA	ED. (Enter perfure of injury in	Port I or Port II of item 18.)	
certificate thed far u		(IF EITHER, NOTIFY MEDICAL EXA	MINER)				
this letac Dep	MEDICAL	20c. TIME OF INJURY Month, Hour o.m.		Od. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County) (Stote)
ter t e de tate	M	p.m.		work of work	Tociory, shoot, office Blag., etc.,		
Speak		21. I certify that (I	(this haspital) at	tended the deceased fram	, 1	9to_OCI /	5 , 1966, that (1) (we) las
# E E		saw the deceased a	live an Oct	15 1966, and	that death accurred at	M, fram causes	s and an the date stated above
DIRECTOR ge 3 shau led with th		220. SIGNATURE	10 sh	(ce 1/11)	ATTENDING	MED - STAFE	22b. DATE SIGNED
e 3	/	V/Jouge	MINI	THE CO		MED. STAFF DIRECTOR PHYS.	10/15/66
の単	X	22c. PHYSICIAN'S NAME (Type)	100/0	6 HINKE	M 224. ADDRESS	us chould	, Mr of
ERA J. P		MANIE (LAbe)	. 1 4	7110119	111)	WC-14 004	100
Organization of the state of th	230	BURIAL, CREMATION, 2	36. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or 1	own) (County) (Stote)
9 ig 4	-	REMOVAL (Specify)	2ctober 17, 196		varial Candens	BEllin HAM	Ford Co, Maryland 21014
- 1)		. FUNERAL DIRECTOR	, wiBri	ADDRESS inns			REGISTRAR'S SIGNATURE
VR A15 (4)		Japanillian 7	BELD BELD	ir Mambard 2	DATE OC	CT 18 1966	Minter Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

Joseph William Foster

11 1 1 1 1 1 There is a first that the second of the second Cetting 15 61 The same of the sa To get manual 1246 inder Deapprisaling dus to allow Edeletic CH me are cap 9. Courses, rection, Bufleoper -X STORY Stage of the Kill of Me Charles My

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death certificate be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THOMAS OF CERTIFICATE OF DEATH

14247

Ttem #10 [1] #130	- 101/31766 nc
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissi a. STATE b. COUNTY C. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest tow
Harford	Maryland
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
Rural Bel Air 2 years	Port Deposit
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 6. IS RESIDEN
Harford Conv. Home	50 S. Main Street YES NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print)	Roe DEATH October 21. 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE DE BIRTH 19 AGE (In years LIFTINDER 1 YEAR INTURER 24 H
	tast lirthday) Months Days Hours Mi
Male White WIDOWED DIVORCED	Dec. 23, 1884 0 / yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	Maryland. USA
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
Robert E. Roe	Addie J. Ewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Chathlein Port Dog out.
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
DADE I BEATH WAS CAUSED BY	ONSET AND DEAT
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	2 weeks
4221 DUE TO	
Cenditions, If any, which \	
gave rise to immediate	
cause (a), stating the DUE TD	
	otic cardio-vascular disease ?
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED YES NO
E 2Da, ACCIDENT WAS UNDERLYING □ 2Db, DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE DF DEATH UNITED CONTRIBUTING CAUSE DF DEATH UNITED CONTRIBUTING CAUSE DF DEATH	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State ory, street, office bidg., etc.)
B Not while Not while	ny, sueer, onice bidg., etc.)
p.m. 19 at work at work	2-1 30 (
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on October 18. 1966 and tha	t death occurred ab: 15M, from the causes and on the date stated abo
22a. SIGNATURE	1 22h DATE SIGNED
	D. ATTENDING MED. DIRECTOR PHYS. Oct. 21, 1966
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. L. 1900 21, 1900
NAME (Type) Willard P. Hudson, M.D.	Forest Hill, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify)	Comptons Pont Demonth Md
Buria 10-23-1966 Hopewell 24. EUNERAL DIRECTOR ADDRESS	Cemetery Port Deposit Md
Soil I MAINE TOO	
fan 1 Patterson & Son Pennywil	TO MA DUTE OUT 9 5 1000 Milande, Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14243	CERTIFICATE	OF DEATH		14248
	PLACE OF DEATH a. COUNTY Harbord	MARYLAND	a. STATE	b. COUNT	Harbord
L	b. CITY/OR TOWN (If outside corporate limits, write RURAL-and give neorest rilyn)	1kv	110 10	e torporate limits, write RURA	I e IS RESIDENCE
	d. NAME OF HOSPITAL OR INSHTUTION (If not in hospital, of	morial	d. STREET ADDRESS Lev	edeen	e. 15 KESIDENCE ON A FARM? YES \ NO _X
3.	NAME OF DECEASED (Type or print) Charle:	s Win A	lost 4.	DATE Month OF DEATH	Day Year 66
S.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		day of Birth ay 29, 190	9. AGE (In years last birthdoy) 9 57 yrs.	Manths Doys Hours Min.
dur		NO OF BUSINESS OR DUSTRY Electric	11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Warr	en Rogers	14. MOTHER'S MAIDEN NAM	la Eve	rest
15. (Ye	as no as unknown) (If was give wor as dotes of service)		ormant rances M.	Rogers, Al	perdeen, Md.
	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).) Aufe	cardial	infarction	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove) (b)	Fronary 1	hombooi		12 lise.
	rise to immediate couse (o), stating the underlying couse lost. Ct. (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (En	iter nature of injury in Port	I or Port II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. 19 While p.m. 19	Not While To foctory	OF INJURY (Hame, form, , street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)
		ded the deceased fram	Gas 20 , 19 death occurred of		L, 19 6thot (I) (we) los nd on the date stoted obove
_	220. SIGNATURE	Gooms M.D.		D. STAFF ECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S Following A C	3. 400 MJ	22d. ADDRESS Au	re do to	race, and
230	o. BURIAL, CREMATION, REMOVAL (Specify) Purial 10-14-66	23c. NAME OF CEMETERY OR CRI Smith Chapel	Cemetery	23d. LOCATION (City or Jown Aberdeeh	Har. Md.
1	Tarri La Wacouler Sp. Ab	ng FWHeral Ho erdeen, Md.	DATE OC	T 1 4 1966	Strar's SIGNATURE SCharles Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tempore carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then reserve demove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and or any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4250
CERTIFICATE OF DEATH
4249

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Harford MARYLAND	a. STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Aberdeen,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS 9. IS RESIDENCE ON A FARM?
310 Baltimore Street	310 Baltimore St. YES NOTE
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) DOROTHY ELLERY	ROWE DEATH October 6 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Oays Hours Min.
	Apr. 12, 1912 54 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Nurse Hospital	Nanticoke, Penna. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Ellery	Phoebex Coppers Martha Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	Wm. G. Rowel Aberdeen, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (A) (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DUDNY INSUT NEIGHBU TERMINA
4201 DUE TO	
Conditions, If any, which) (b)	Artelias ceros is 1
gave rise to Immediate cause (a), stating the DUE TO	
underlying coase last.	
B PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 Milaric Hranchitis	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OT LE SIGNIFICANT CONDITIONS CONTRIBUTING TO LEATH BUT NOT RELEVANT OF CONTRIBUTING TO LEATH BUT NOT RELEVANT OF CONTRIBUTING TO CRUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Mot while	ry, street, office bldg., etc.)
21. I certify that (this hope all at work	6-14- 1963 to 10-6- 1964 that (1) (we) last
	t death occurred at 5 . 1 M, from the causes and on the date stated above.
22a. SIGNATURE 14	22b. DATE SIGNED
V QUAN VIMMANI, M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Peter P. Rodman, M.D.	8 Law St. Aberdeen, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial LI OCT 00 Arlington N	
24. FUNERAL DIRECTOR Tarring Appliantal	Home
Wishilliacoulus Al. Aberdeen, Md.	DATE OCT 1 0 1966 golianles Judge

VR AI5 (4) 20M 1/65

The state of the s State of the second state of the second seco Spinish and the contract of th But I would be a series of the the mount b. were marked to the second of th TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or Femoval, and in any event, within 72 hours after death.

DI ACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1425()

1	a. COUNTY	Harford			O CTATE	GE (Where deceased lived,	YTHIO	
-	h CITY OF TOW		nto limite	MARYLAND I C. LENGTH OF STAY IN 1b		ryland "		arford
	Write RURAL	N (if outside corpor and give nearest to	wn)	C. LENGIN OF STAY IN 10		outside corporate limit		ng give nearest town)
-	(Rural)	Aberdeen				Rural) Abo	erdeen	12-1
	d. NAME OF HO	SPITAL OR INSTITUT	ION (If not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Route	#1			E	Route #1,	Box 75	YES X NO
3.	NAME DF DECEASED		First	Middle	Last	4. DATE A	lonth	Day Year
	(Type or print)	J(OHN	F.	SCHANZ	DEATH Oct	ober 1	5 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS.
	Male	Cau.	WIDOWE	D DIVORCED	Oct. 14, 1	.891 75 yr	I Mondie	ays Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of wor ing life, even if retir	kdone 1Db.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign co	untry) 12. CIT	IZEN OF WHAT
		Mail Carı			ff. Harfor	d Co. Md.		NTRY?
	FATHER'S NAM			00 2000	14. MOTHER'S MAID		10.0	
	G	eorge F.	Schan	7.	Matild	la Hays		
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16		INFORMANT		idress	
(Ye	s, no, or unkown)	(If yes give war or dates		20-31-71.79	Wilhelmina	Schaffz.	Aberdee	n Md.
		DEATH [Enter only o			TILLIO III III	. 00114113, 1	Ther dee	INTERVAL BETWEEN
П		ATH WAS CAUSED B	Y:	The for (a), (A, anolic).	Maran	Lusy The ien	16117	ONSET AND DEATH
		IMMEDIATE CAUS	E (a)	Gode 1	BLONDLA -	TAMA LL OF IM	ney	DVIM MA
	Conditions, If		TO	0.00	- Occup	NOT		of Mine!
	gave rise to		(b)	CALONS.	ny varing	IVVI		
	cause (a), s	tue f	E TO				10.00	
z	underlying caus		(c)		\			
ATIO	PARTII. UTHER	SIGNIFICANI CONDIT	IONSCONTRIE	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
음	OCC. ADDIDENT	Was Hupeni Vivis C	7 001					YES NO Y
CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING TO CAUSE OF DE	ATH INER) 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part	II of Item 18.)	
		INJURY Month, Day		INJURY OCCURRED 120e. PLA	ACE OF INJURY (Home, far	rm. 20f. (City or tow	n) (Count	(State)
MEDICAL	Hour a.r	n.	While	e - Not While - facto	ory, street, office bldg., et		, (Journ	(0.010)
2	21. I\certif	4		ded the deceased from	-Ah10	157 to UCI	15 10/01	that (1) (wa) last
	1 /	eased a ive on	The state of the s	19 05, and tha	t death occurred	Se Pie from the cou	, 19_ 	that (I) (we) last
	22a. SIGNATUI		1/1	15 Go, allu tila	t death occurred with	A LIM, ITOM the Cau		E SIGNED
	V	JWI V -	VM	MAMME. M.	D. PHYS.	MED. STAFF PHYS.		1-16-61
	22c. PHYSICIA		- 1	MY AND AND WITH	22d, ADDRESS	DIRECTOR PHIS.		10 700
	NAME (T)	Pe b er	P. R	odman, M.D.	8 Law St	reet, Aber	deen.	Md.
23a	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER		23d. LOCATION (CIT		
	Buria	1. 10-2	18-66	Baker Ceme	terv	Aberdeen	n, Mary	land
24	FUNERAL DIRE	alog — —		ADDRESS	25a. REC		. REGISTRAR'S	SIGNATURE
th	lela lu /11	acoule De	Tarri	ng Funeral H rdeen. Md.	ome DATE 0	CT 19 1966	Milian	les Judge
-			1100	I doubt, mas	1 DAIL	J. 10 .900		11

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY D o. COUNTY O. STATE New Jarsey MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Grace tove de OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? West Ave. Mamorial NO NO 66 3. NAME OF Middle 4. DATE Month Oov Year DECEASED Francis Claude 166 10 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. 7. MARRIEO NEVER MARRIEO lost birthdoy) Months Oays Hours Male WIDOWED 06 60 yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Claudine Holstein ward WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 720 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for Aa), (b), GNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. ot work ot work 21. I certify that (1) I this haspital) attended the deceased fram. #19 66 and that death occurred at M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S GRIGOLEIT NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL CREMATION (County) (Stote) REMOVAL (Specify) ROOM 2Sb. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR

and 2 that the death certificate be executed within 24 hours after death funeral ampletely filled in by the furve carban papers. Pages 1 event, within 72 hours after campletely filled in nave carban paper and camp physician en please ar remayal, permit. cremation, signed by the burial-transit attending physician. priar ta has been far use Health TO FUNERAL DIRECTOR: After this certificate be retained by the hospital ar etached Dept. af be de State [pe director, page should be filed

VR A15 (4) . 20 M 1/66

Jarrettsville, Md.

1966

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65 24. FUNERAL DIRECTOR

E.

Kurtz

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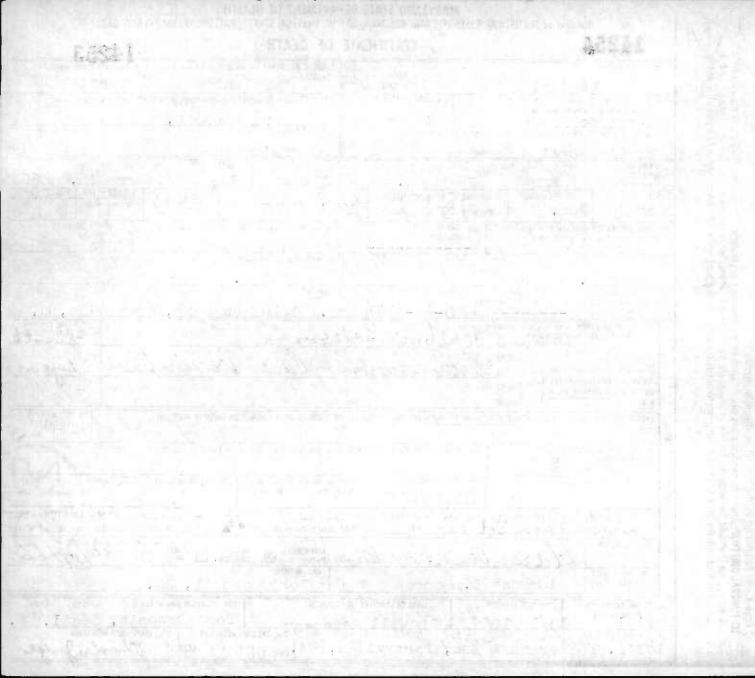
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

		MAR	YLAN	ID STATE	DEF	PART	MENT C	F HEAL	LTH		
Division	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W. I	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
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NIVI.		1425	4		CERT	IFICATE	OF DEATH		14953	,	
and death		PLACE OF DEATH a. COUNTY				2 1	O STATE	h coi	tion: Residence before odmission)	7	
fun 1		T	Harford			RYLAND	Mary	land	Cecil		
the ages s afi			If outside corporate limit d give nearest town)	s,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write Rl	JRAL ond give neorest town)		
by Prour		Havre d	de Grace		43 Mo	nths		Deposit.	07-2		
d in yers. 72 h		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	ive street address)		d. STREET ADDRESS		e. IS RESIDEN ON A FARM	M?	
Paris 10			Nursing F					Street	YES NO) [3t	
cian and campletely filled in by the funeral lease remave carban papers. Pages 1 and and in any event, within 72 hours after death		NAME OF DECEASED (Type or print)	Marv	rst	Middle A .		Thomas	4. DATE Mor		6	
mpl e co	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		B. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24		
may e	F	remale	Cau.	WIDOWED	DIVOR	ED ====	2/12/1887	lost birthdoy) 78 yrs.	Months Doys Hours	Min.	
signed by the attending physician and burial-transit permit. Then please rem burial, crematian, ar removal and in an		. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
cian		House	vife				Maryland USA				
S S	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			
phy phy			A. Hasson				Martha	A. Jackson			
it.			R IN U.S. ARMED FORCES? ((If yes give wor or dotes of	of service)	OCIAL SECURITY NO.		NFORMANT	Add			
permit.		No		22	0-48-41	47 M	rs. Violet	Burrows, Pe	erryville Md.		
signed by the attenc burial-transit permit burial, crematian, ar		1B. CAUSE OF D	EATH (Enter only one cou TH WAS CAUSED BY:	16 1 0		Kal	crows		INTERVAL BETWE	THE P	
by transtrem		4221	IMMEDIATE CAUSE	(0)	ubrul	1400	17000	«V	L. Just	L-Wo	
al, al		Conditions, if ony, which gove) (b) (PATORES- Leprones - Cardio Rescular Wasses Legens.									
		rise to immediate cause (a), stoting the underlying cause DUE TO									
the r ta		lost.	rlying couse	(c)							
as as pria	-	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO 1	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPS	Y	
use ho	CERTIFICATION		OF A RES		I Day to Steel				PERFORMED? YES NO		
far Hec	TIFIC	20o. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I ar Port II of item 18.)		1	
ertil red r. af			MEDICAL EXAMINER)								
tach Depi	MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor		JURY OCCURRED		E OF INJURY (Home, form		(County) (Sto	te)	
de de	ME	р.	m. 19	While of work			1				
Aft d be e St		21. I certi	fy that (I) (this has	pital) attend	ded the decease	d fram_	ren - 5,1	966, tales =1	and on the date stated a	e) last	
Had H			eceased alive on	WAT I	5 - 19	, and tha	death occurred at	M, fram causes		ibave.	
TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta		22o. SIGNATURE	Clare	nel-	7.19m	SON M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED	6.	
RAL D		22c. PHYSICIAN'S NAME (Type		ce I.	Benson		Port I	eposit, Md.			
tag de la	230	BURIAL, CREMATIO	ON, 23b. DATE TH	EREOF	23c. NAME OF CE	METERY OR		23d. LOCATION (City or T		e)	
dire sho	Bi	REMOVAL (Specify	1)	1966	Hopewe:				sit, Cecil.M	,	
E WA		FUNERAL DIRECTO	RO H	0/1	ADDRESS		2So. REC'I	BY REGISTRAR 2Sb. F	REGISTRAR'S SIGNATURE	-	
VR A15 (4)	I	ke A.	Patterson	& Son	/ Perry	ville	, Md DATE O	CT 2 4 1966	Milarles Judge	4	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/-	1		Division of STATIST		ARCH AND RECO	RDS, 30	W. PRESTON STR	EET, BALT	IMORE, MARY	LAND 21201		
		14256			CERTI	FICATE	OF DEATH			14254		
funeral s 1 and ter deoth	1.	PLACE OF OEATH o. COUNTY	rford		AAAC	YLAND	2. USUAL RESIDENCE (Where dece	1 0011	NTV	efore odm	ssion)
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e death certificate t attending physician permit. Then please an, ar removal, and	19	. WAS OECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	/	SOCIAL SECURITY NO. 17-36-41:		nformant rs. Grace	Tre	Addr akle.St		d.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please Temeve carban papers. Pages 1 and shauld be filled with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.	MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. OE	SCRI8E HOW INJURY	OCCURREO.	Enter noture of injury in	Part I or Po	art II of item 18.)			
G PHY the har this called detach	MEDICAL	20c. TIME OF INJU Haur o.m	10	20d. II While	NJURY OCCURREO Nat While at wark		CE OF INJURY (Home, far ary, street, office bldg., etc		(City or town)	(County	()	(Stote)
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etaij CTO Sha		220. SIGNATURE	-1	(1)	11		ATTENDING FEE	MEO.	STAFF	22b. DATE	SIGNEO	1011
od v Se		44	Jena !	W	gnu	M.	D. PHYS.	DIRECTOR	STAFF PHYS.	Oct	.24,	1960
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S NAME (Type)	Josiah A	A. Hur	nt 1	M.D.	22d. ADDRESS Delta	a.Pa.		45		
OSF ONE old	23	a. BURIAL, CREMATIC	N, 23b. OATE THE	REOF	23c. NAME OF CEM	NETERY OR		23d.	OCATION (City or To	own) (Co	iunty)	(State)
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2	:	TUNERAL DIRECTO		,	AODRESS			D 89 REGIS	TRAR 25b. R	EGISTRAR'S SIGN	IATURE	
VR A15 (4) 20 M 1/66		John 1	to Harber	na	Delta	Pa.	OATE	OCT 2	5 1966	Melian	10.0.	dee

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the h b. COUNTY after Harford 24 hours after Harford MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by the carbon papers. Page Forest Hill Forest Hill vrs. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Jarrettsville Jarretsville Road Road NO X YES within Year NAME OF First Last DATE Middie DECEASED n and complet remove carb in any event, v DEATH (Type or print) Bertha Walker October 20 19 66 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Davs 96 Female White WIDOWED T DIVORCED [a 86 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physiclan rmit. Then please during most of working life, even if retired) INDUSTRY pe and Housewife Home Maryland Fallston. certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. Campbell Margaret Ellen Hazlett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Addressillen Road 16. SOCIAL SECURITY NO. the attencit permit. 5 death (Yes, no, or unkown) (If yes give war or dates of service) been signed by the acceptance to the burial-transit permit Baltimore 12 Md Malcolm C. Walker No NTERVAL BETWEEN 18. CAUSE DF DEATH | Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: weeks the hospital or attending physician. Uremia IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to Immediate as the l DUE TO cause (a), stating the Generalized Arterio-sclerosis r this certificate has t detached for use as t te Dept, of Health prior underlying cause last. NO WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT NO X YES None 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Should be d While Not While at work p.m. at work oirector: A age 3 should lied with the S 1936 to Oct. 20. 19.66 that (1) (webstast 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:25 pa from the causes and on the date stated above. saw the deceased alive on October 17, 19 66 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF page October 20.1966 DIRECTOR PHYS. M.D. director, pag should be fill 22d. ADDRESS PHYSICIAN'S 22C. NAME (Type) TO HOSPIT Page 4 I Willard Forest Hill Hudson. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 966 Fall lston Methodi Buria Fallston REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR Jarrettsville, Md. Charles Kurtz VR A15 (4)

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14257

WE .		7 3 8 0 O	11003
9	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ded		a. COUNTY	o. STATE b. COUNTY
ter 1		Martord MARYLAND	Maryland Hartord
of		b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
s. Pages I and hours ofter death		write RURAL and give nearest town) DOA	Harre de Grace 12-1
iove carbon papers. y event, within 72 hou	-		
event, within 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM'S 1
99		Harford Memorial	300 Juanita St. YES NOW
	3.	NAME OF First Middle	Last 4. DATE Manth Doy Year
\$		DECEASED	1 1 1 OF 03 - 41 1 11 11
	_	(Type ar print) Edna + y	
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTHY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	J	temale White WIDOWED DIVORCED DIV	last birthday) Manths Days Hours Min.
	-		1). BIRTHPLASE (County & Stote or foreign country) 12. CITIZEN OF WHAT
	dur	o. USUAL OCCUPATION (Give kind of work done ring most of warking life, even if retired) INDUSTRY	ATT. BIKTHPLANE ACOUNTY & STORE OF TOTAINGTH COUNTRY)
1	301	Lonsewife	Maintant 1. Att
114	1013	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		+, +, , , ,	
-		Momas larbert	Fannie Smithsonen
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INF	FORMANT Address of 1
C	(14	es, no (or unknown) (If yes give wor or dates af service) 212-50-5428	Midica Villa Chica and estal
			union since the contract mini
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	processing on the second Death
		144X DUE TO	
		Conditions, if ony, which gave)	- (0 +1) / 6 1
		rise ta immediate cause (o).	ine (morth) & copying
		stoting the underlying couse DUE TO	
		lost. (c)	
			F TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED?
0	A		YES NO NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (En	nter noture of injury in Port I or Port II of item 18.)
	E	OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	S S	Hour o.m. While Nat While factory	y, street, office bldg., etc.)
		p.m. '' arwark 🗀 arwark 🗀	in the second se
		21. I certify that (I) (this haspital) attended the deceased from	19 ta 0 to 19 bo, that (1) (we) las
		saw the deceased alive on on 1966, and that a	death accurred at 354PM, fram causes and on the date stated above
	Н	22a. SIGNATURE	22b. DATE SIGNED
		Co Alamon M.D.	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 12 -/6-66
			PHYS. L. DIRECTOR L. PHYS. L. G. C.
1		22c. PHYSICIAN'S NAME (Type)	220. ADDKESS DO T
	+	HAMIL (14he)	Your Print
	236	O. BURÍAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF SEMETERY OR CRI	EMATORY 23d. LOCATION (City or Town) (County) (Store)
	200	REMOVAL (Specify)	1 / / / / / / / / / / / / / / / / / / /
2	1	Minal 19-20-1960 Policing 4	emedery all Deplaced 1119
14	24	4. FUNERAL DIRECTOR ADDRESS	25 REC'D BY REGISTRAR ZSb. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND
CERTIFICATE OF DEATH
14258

PLACE OF DEAT a. COUNTY	Harford		MAR	YLAND	2. USUAL RESIDI			Harfor	
b. CITY OR TOW Write RURAL	WN (if outside corpora L and give nearest tov e de Grace	te limits, vn)	D.O.A.	Y IN 1b	c. CITY OR TOWN		rate limits, write	RURAL and g	(Ive nearest town)
d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not In he	ospital, give street	address)	d. STREET ADDRES	SS		10	e. IS RESIDENCE
	ord Memoria	1 Hospi	ital		150 1	McCormick	Street		ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Eug			hite	Last	4. DATE OF DEATH	Month October	29,	y Year 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			ctober 4.	1914 52	ast birthday) M	UNDER 1 YEAR onths Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS O		11. BIRTHPLACE			12. CITIZEN	OF WHAT
	king life, even If retire Lintenance		• Governme	4	Butler Co	n. Panns	าประการ์ด	COUNTR	5 A .
13. FATHER'S NAM		10.0	• Goastinus	no	14. MOTHER'S MA		2 TAGILLE	0 41	- eu e
	Thomas Davi	d White	9			farie Sch	neinberg	er	
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	0. 17.	NFORMANI WIT	9 8 38 - 567	O Address		
Yes	WW#2 Navy	218	3-05-9895	Mr	s. Myrtle			same	
	DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE		ne for (a), (b), and (e FAILL	SAE		ON	ERVAL BETWEEN SET AND DEATH
Conditions, if		TO MANY	EPISODE	5 01	CONCES	TIVE FA	AKLURE	4	YRS
gave rise to cause (a), s underlying cau	tating the DUE	(c) CORO	WARY OF						YRS
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT	NOT RELAT	ED TO THE TERMINA	L DISEASE CONDI	FION GIVEN IN PA		WAS AUTOPSY PERFORMED?
	WAS UNDERLYING DING CAUSE OF DEADTIFY MEDICAL EXAMI	TH I	DESCRIBE HOW INJU	JRY OCCUF	RED. (Enter nature	of injury in Part	l or Part II of I	tem 18.)	
Hour a,	INJURY Month, Day, m. 19		NJURY OCCURRED Not While at work	20e. PLAC factor	E OF INJURY (Home, ,, street, office bldg.	, farm, 20f. (CI	ty or town)	(County)	(State)
21. I certi	fy that (I) (this hosp ceased alive on	ital) attende			death occurred a				hat (I) (we) last te stated above.
22a. SIGNATU		too fu	ideall	M.D.	ATTENDING	MED. DIRECTOR	STAFF 2	2b. DATE SI	
22c. PHYSICI/ NAME (T	imal .	roctor S	Sidwell, M	.D.	22d. ADDRESS 401 Frai	nklin St.		r, Md.	21014
23a. BURIAL, CREM REMOVAL (Sp Burial	ecify) Oct. 31		23c. NAME OF C		al Gardens	Bel Ai	r, Harf.	Co., I	
24. FUNERAL DIRI	ECTOR william Fritz	W. Br	readways	Willi and 2	STIIT2	REC'D BY REGISTE	RAR 25b. REGI	STRAR'S SIGI	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M I/65

Joseph William Foster

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VR A15ME (5) 6M 1/66

	14260		MED	CAL EXAMINER'S	CERTIFICATE (OF DEATH 1425	9
	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if institution: Reside	ence before odmission)
1	a. COUNTY	HARFORD		MARYLAND	o. STATE MAR	RLAND b. COUNTY H.	ARFORD
	b. CITY OR TOWN (If autside carparate limit	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	autside carporote limits, write RURAL ond gi	ve neorest town)
	ABERDEEN	PROVING G	ROUNDS		Be1	Air	12-1
(d. NAME OF HOSPIT.	AL OR INSTITUTION (If n	at in haspitol, g	ive street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Kirk Arm	y Hospital			Pros	spect Mill Road	YES NO TO
	NAME OF DECEASED (Type or print)	ELLI	rst	Middle D.J.	WINN	4. DATE Month OF October	17, 19 66
-	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	Female	White	WIDOWED	DIVORCED	Dec. 11,	1936 lost birthday) Months	Days Haurs Min.
Do.	. USUAL OCCUPATION	(Give kind af wark dane		ID OF BUSINESS OR	11. BIRTHPLACE (State	e or fareign country) 12. C	ITIZEN OF WHAT
UII	Housewi	ine even in sented,		Home	Germa	any	OUNTRY?
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Ph	illip Sch	naeffe	r	Franc	cisca Krammer	
		R IN U.S. ARMED FORCES? (If yes give wor or dates		OCIAL SECURITY NO. 17.	INFORMANT	Address	
	No	(· , , - g · · · · · · · · · · · · · · · · · ·			Richard 3	J. Winn, Bel Air	Md.
		ATH (Enter anly one cau TH WAS CAUSED BY:	use per line far i	(o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	272	IMMEDIATE CAUSE		lloid cyst o	f third ven	tricle	ONSET AND DEATH
	Conditions, if any,	DUE	TO				
	rise ta immediat	e cause (a),	(b)				
1	stating the under	lying cause	(c)				
		GNIFICANT CONDITIONS (D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NUDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
			ON KIDOWING IN	OF NOT KEEPIED TO	THE TERMINAL DISEASE CO	NOTION OF EN IN TAKE 1(4)	PERFORMED? YES A NO
CCKIIL	2Da. EXTERNAL CA PRIMARY ☐ ar COI CAUSE OF DEATH.		2Db. DES	CRIBE HOW INJURY OCCURRED	. (Enter nature af injury in	Part I ar Part II af item 18.)	
TEUTOR	2Dc. TIME OF INJL Haur o.n		20d. IN While		ACE OF INJURY (Home, fari ctory, street, affice bldg., etc		aunty) (State)
	p.n		at wark		11		
١				ains described abave, h			and in my opinion
1	death result	ed fram: Nature	ol causes 🕱	, Accident , Sui	icide, Homicide		
1	ACTUAL	Chale.	1		CHIEF MEDICAL	DICAL EXAMINER	22. DATE SIGNED
4	SIGNATURE	Chamles C	Carried	The William	M.D. DEPUTY MEDIC		r 17, 1966
	EXAMINER'S NAME (Type)	Charles S.	Springa	ate, M.D.		et, city, tawn, or county)	17, 1700
30	BURIAL, CREMATIO	N, 23b. DATE TH		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
_	Bur Lal		1966	Arlington :			Virginia
24	FUNERAL DIRECTO	Rest of		ringooksunera	1 Home 250. REC	D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
u	recom a	acouku/	A)	perdeen, Md	DATE O	ICT 20 1966 JCha	res judge

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10/21/1966

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Joseph William Foster

USINESS FORMS, INC., BALTIMORE, MD. 21201

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